

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
633 3RD AVENUE 20TH FLOOR  
 City or town, state or country, and ZIP + 4  
NEW YORK, NY 10017

**D** Employer identification number  
13-1623886

**E** Telephone number  
212-895-7900

**F** Name and address of principal officer: MARSHALL LEVIN  
633 THIRD AVE, NEW YORK, NY 10017

**G** Gross receipts \$ 91,522,000

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.WEIZMANN-USA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1944 **M** State of legal domicile: NY

### Part I Summary

|                             |   |  |   |                                   |
|-----------------------------|---|--|---|-----------------------------------|
| Activities & Governance     | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <u>THE AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE ORCHESTRATES SUPPORT IN THE UNITED STATES FOR THE VIBRANT WORLD-RENOWNED SCIENTIFIC RESEARCH CENTER AND GRADUATE UNIVERSITY IN ISRAEL.</u> |   |                                   |
|                             | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |
|                             | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>140</b>                        |
|                             | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>139</b>                        |
|                             | <b>5</b>  | Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>  | <b>108</b>                        |
|                             | <b>6</b>  | Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>40</b>                         |
|                             | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>-198,000</b>                   |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <b>-230,411</b>                                 |                                   |
| Revenue                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)  | Prior Year<br><b>37,318,000</b>                 | Current Year<br><b>46,816,000</b> |
|                             | <b>9</b>  | Program service revenue (Part VIII, line 2g)   | <b>0</b>  | <b>0</b>                          |
|                             | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>5,097,000</b>                                | <b>17,762,000</b>                 |
|                             | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>-869,000</b>                                 | <b>-665,000</b>                   |
|                             | <b>12</b>   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>41,546,000</b>                               | <b>63,913,000</b>                 |
| Expenses                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>43,107,000</b>                               | <b>53,700,000</b>                 |
|                             | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>  | <b>0</b>                          |
|                             | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | <b>10,023,000</b>                               | <b>9,491,000</b>                  |
|                             | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>42,000</b>                                   | <b>24,000</b>                     |
|                             | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,769,000</b>  |   |                                   |
|                             | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)   | <b>6,194,000</b>                                | <b>6,472,000</b>                  |
|                             | <b>18</b>   | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | <b>59,366,000</b>                               | <b>69,687,000</b>                 |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12                    | <b>-17,820,000</b>   | <b>-5,774,000</b>                               |                                   |
| Net Assets or Fund Balances | <b>20</b>   | Total assets (Part X, line 16)   | Beginning of Current Year<br><b>563,307,000</b> | End of Year<br><b>611,646,000</b> |
|                             | <b>21</b>   | Total liabilities (Part X, line 26)  | <b>30,065,000</b>                               | <b>30,796,000</b>                 |
|                             | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20   | <b>533,242,000</b>                              | <b>580,850,000</b>                |

### 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 \_\_\_\_\_ Date \_\_\_\_\_  
Henry Pavony, Sen. Vice President & Fin. & Admin.  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

TO RAISE FUNDS TO TRANSMIT TO THE WEIZMANN INSTITUTE OF SCIENCE A WORLD RENOWNED SCIENTIFIC RESEARCH CENTER. BASIC RESEARCH BY WEIZMANN INSTITUTE SCIENTISTS BENEFITS PEOPLE EVERYWHERE, NOTABLY IN THE FIGHT AGAINST DISEASE AND HUNGER, PROTECTION OF THE ENVIRONMENT AND DEVELOPMENT OF NEW TECHNOLOGIES FOR ECONOMIC GROWTH.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 49,039,000 including grants of \$ 48,849,000 ) (Revenue \$ 0 )

FUNDS WERE TRANSMITTED TO THE WEIZMANN INSTITUTE OF SCIENCE A WORLD RENOWNED SCIENTIFIC RESEARCH CENTER. BASIC RESEARCH BY WEIZMANN SCIENTISTS BENEFITS PEOPLE EVERYWHERE, NOTABLY IN THE FIGHT AGAINST DISEASE AND HUNGER, PROTECTION OF THE ENVIRONMENT AND DEVELOPMENT OF NEW TECHNOLOGIES FOR ECONOMIC GROWTH.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 4,851,000 including grants of \$ 4,851,000 ) (Revenue \$ 0 )

FUNDS WERE TRANSMITTED TO THE FEINBERG GRADUATE SCHOOL AT THE WEIZMANN INSTITUTE OF SCIENCE FOR SCIENTIFIC AND EDUCATIONAL PURPOSES. THE FEINBERG GRADUATE SCHOOL'S PURPOSE IS TO CONDUCT, OPERATE AND MAINTAIN A GRADUATE SCHOOL FOR THE STUDY OF NATURAL SCIENCES AND MATHEMATICS.

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 53,890,000

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                                  | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes        | No                                  |                                     |  |
|------------|--|------------|-------------------------------------|-------------------------------------|--|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | <b>1a</b>  | <b>31</b>                           |                                     |  |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b>  | <b>0</b>                            |                                     |  |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | <b>1c</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>108</b>                          |                                     |  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | <b>2b</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | <b>3b</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                   | <b>4a</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>▶ Germany, Israel</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |                                     |                                     |  |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |                                     |                                     |  |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .  | <b>6a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |                                     |                                     |  |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |                                     |                                     |  |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | <b>7a</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>  |                                     |                                     |  |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |                                     |                                     |  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |                                     |                                     |  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>8</b>   |                                     |                                     |  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |                                     |                                     |  |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  | <b>9a</b>  |                                     |                                     |  |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   | <b>9b</b>  |                                     |                                     |  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |                                     |                                     |  |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |                                     |                                     |  |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |                                     |                                     |  |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |                                     |                                     |  |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |                                     |                                     |  |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |                                     |                                     |  |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |                                     |                                     |  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |                                     |                                     |  |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |                                     |                                     |  |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |                                     |                                     |  |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | <b>13b</b> |                                     |                                     |  |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .   | <b>13c</b> |                                     |                                     |  |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>14b</b> |                                     |                                     |  |

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .  |                                     |                                     |
| <b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Does the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                                     |                                     |
| <b>a</b> The governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        |                                     | <input checked="" type="checkbox"/> |

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

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .   |                                     |                                     |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                                     |                                     |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                                     |                                     |
| <b>15a</b> The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .  |                                     |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 1
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► HENRY PAVONY, (212)895-7900  
633 THIRD AVENUE, NEW YORK, NY 10017

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Richard Arenau<br>Board Member                 | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Jon Aaron<br>Board Member                      | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Gary M Abramson<br>Board Member                | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Pennie Abramson<br>President                   | 0.6  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Donald Altman<br>Board Member                  | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Sally Leafman Appelbaum<br>Assistant Treasurer | 0.5  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Eugene Applebaum<br>Board Member               | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Robert H Asher<br>Board Member                 | 0.5  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Robert A Belfer<br>Board Member                | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Marshall Bennett<br>Board Member               | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Paul A Berkman<br>Board Member                 | 0.6  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Howard B Bernick<br>Board Member               | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Lawrence S Blumberg<br>Chairman                | 0.7  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Penny Blumenstein<br>Board Member              | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Dan Cannold<br>Board Member                    | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Victor Chaltiel<br>Board Member                | 0.2  | ✓                                      |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Harold Chefitz<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Brent Cohen<br>Board Member            | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Judith Cohen<br>Board Member           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Lester Crown<br>Board Member           | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Meyer Cyker<br>Board Member            | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Melvin Allen Dick<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Karen Davidson<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Russell Dekker<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Helen Diller<br>Board Member           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Joyce Eisenberg Keefer<br>Board Member | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Marshall S Ezralow<br>Board Member     | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| David Fairweather<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Jane Fairweather<br>Board Member       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Todd Federman<br>Board Member          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Peter Friedman<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Lori A Feinberg Kany<br>Board Member   | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |



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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Daniel Feldman<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Alan A Fischer<br>Board Member                        | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Laura Flug<br>Vice Chair National                     | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Michael Forman<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Sonya Friedman<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Paul Gardner<br>Secretary                             | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Louise Gartner<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Murray Goldberg<br>Board Member                       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Bram Goldsmith<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Eugene M Grant<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Scott David Greenberg<br>Associate Vice Chair Finance | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Meyer Grodetsky<br>Board Member                       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Akiva Gross<br>Board Member                           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Patricia Gruber<br>Board Member                       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Paul Guerin<br>Board Member                           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Vera Guerin<br>Board Member                           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Phyllis Gurwin<br>Board Member   | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| David Haas<br>Board Member       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Harold Haftel<br>Board Member    | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Mark Hankin<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Linda Hayman<br>Board Member     | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Daniel Hirsch<br>Board Member    | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Yossie Hollander<br>Board Member | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Arlyn Imberman<br>Board Member   | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Nancy Jacobson<br>Board Member   | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Liz Jaffe<br>Assistant Secretary | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Jon Kaufman<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Gershon Kekst<br>Board Member    | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Helen L. Kimmel<br>Board Member  | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Donald Kirk<br>Board Member      | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Harvey Knell<br>Board Member     | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Bernard Koff<br>Board Member     | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                                   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Richard Laster<br>Board Member                          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Bess F Lawrence<br>Board Member                         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Arnold Leibowitz<br>Board Member                        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Tova Leidesdorf<br>Board Member                         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Sol Levites<br>Board Member                             | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Jay Levy<br>Board Member                                | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Mark Levy<br>Board Member                               | 0.3  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Richard Lipkin<br>Board Member                          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Robert B Machinist<br>Board Member                      | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Rhoda R Mancher<br>Board Member                         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Stephen Meadow<br>Board Member                          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Ellen Merlo<br>Associate Vice Chair Financial Resources | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Ira Millman<br>Board Member                             | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Ira Mondry<br>Vice Chair                                | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| David S Moross<br>Board Member                          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Andrew R Morse<br>Vice Chair Finance                    | 0.7  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Lon Morton<br>Board Member              | 0.5  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Beverly Mutchnik<br>Board Member        | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Ilene Nathan<br>Board Member            | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| James Nathan<br>Board Member            | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Gil Omenn<br>Board Member               | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Marc J Oppenheimer<br>Board Member      | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Claude Oster<br>Board Member            | 0.3  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Norman Pappas<br>Board Member           | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Rosalind Perlmutter<br>Board Member     | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Richard Perry<br>Board Member           | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Charles I Petschek<br>Board Member      | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Morton Pickman<br>Board Member          | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| David Polak<br>Board Member             | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Bruce Pollack<br>Board Member           | 0.6  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Deborah Ratner Salzberg<br>Board Member | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Heidi Rochlin<br>Board Member           | 0.2  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                 | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                       |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Steven Romick<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Beth N Rom-Rymer<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Irene Rosenblum<br>Board Member       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Sheldon Roth<br>Board Member          | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Tom Rykoff<br>Board Member            | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Marla Schaefer<br>Board Member        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Rowland Schaefer<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Pierre L Schoenheimer<br>Board Member | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Sara Schupf<br>Board Member           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Donald L Schwarz<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| John Schwartz<br>Board Member         | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Carrie Schwarz Kassin<br>Board Member | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Fela Shapell<br>Board Member          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| David Shapell<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Merry Sherman<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Marion Silberberg<br>Board Member     | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |

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

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Frederick L Simmons<br>Board Member  | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Allen Skolnick<br>Board Member       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Susan Small Savitsky<br>Board Member | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Jonathan Sohnis<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Coco Soodek<br>Board Member          | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Maury L Spanier<br>Board Member      | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Gregg M Steinberg<br>Treasurer       | 0.6  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Raymon Sterman<br>Board Member       | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Menachem Sternberg<br>Board Member   | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Rick Stone<br>Board Member           | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Stephen L Stulman<br>Board Member    | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Leah Susskind<br>Board Member        | 0.2  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| David Teplow<br>Board Member         | 0.5  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Theodore H Teplow<br>Board Member    | 0.7  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Antonio Villalon<br>Board Member     | 0.6  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |
| Saul Waring<br>Board Member          | 0.6  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                      | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |                                     |                                     |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|-------------------------------------|-------------------------------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer                             | Key employee                        | Highest compensated employee | Former |  |   |   |
| Edna Weiss<br>Board Member                 | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Edna Weissman<br>Board Member              | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Irving L. Weissman<br>Board Member         | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| William Weksel<br>Board Member             | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| David C Wiener<br>Board Member             | 0.4  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Albert Willner<br>Board Member             | 0.5  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Adam Wolfensohn<br>Board Member            | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Elaine Wolfensohn<br>Board Member          | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Alejandro Zaffaroni<br>Board Member        | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Stanley R Zimmerman<br>Board Member        | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Lois Zoller<br>Board Member                | 0.5  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| Roy J Zuckerberg<br>Board Member           | 0.2  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                              |        | 0  | 0   | 0   |
| HAROLD ADLER<br>SENIOR VICE PRESIDENT      | 35   |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 281,200  | 0   | 64,000  |
| MARSHALL LEVIN<br>EXECUTIVE VICE PRESIDENT | 35   |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 380,700  | 0   | 148,500   |
| HENRY PAVONY<br>CHIEF FINANCIAL OFFICER    | 35   |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 501,900  | 0   | 44,600  |
| STEVEN MEYERS<br>VICE PRESIDENT            | 35   |  |                       |                                     | <input checked="" type="checkbox"/> |                              |        | 230,500  | 0   | 28,300  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |                                     |                                     |                  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|-------------------------------------|-------------------------------------|------------------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee                        | Highest compensated employee        | Former           |  |   |   |
| MARK FELDMAN<br>VICE PRESIDENT                                 | 35   |  |                       |         | <input checked="" type="checkbox"/> |                                     | 225,600          | 0  | 37,600  |   |
| HERMAN NEIDITCH<br>VICE PRESIDENT                              | 35   |  |                       |         | <input checked="" type="checkbox"/> |                                     | 224,500          | 0  | 27,800  |   |
| LEE BROWN<br>VICE PRESIDENT                                    | 35   |  |                       |         | <input checked="" type="checkbox"/> |                                     | 220,100          | 0  | 36,700  |   |
| JEFFREY SUSSMAN<br>VICE PRESIDENT                              | 35   |  |                       |         | <input checked="" type="checkbox"/> |                                     | 214,600          | 0  | 26,800  |   |
| RICHARD ENSLEIN<br>REGIONAL DIRECTOR                           | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 190,500          | 0  | 24,800  |   |
| JANIS RABIN<br>REGIONAL DIRECTOR                               | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 185,300          | 0  | 24,900  |   |
| BONNIE DIAMOND<br>REGIONAL DIRECTOR                            | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 164,200          | 0  | 33,000  |   |
| ELLEN HOFSTATTER<br>DIRECTOR OF HUMAN RESOURCES                | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 153,400          | 0  | 21,600  |   |
| ANDREW HOFFER<br>REGIONAL DIRECTOR                             | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 153,068          | 0  | 30,655  |   |
| LYNN EFFRON<br>REGIONAL DIRECTOR                               | 35   |  |                       |         |                                     | <input checked="" type="checkbox"/> | 174,700          | 0  | 23,800  |   |
| MICHAEL ABIDOR<br>SENIOR VICE PRESIDENT                        | 0  |  |                       |         |                                     | <input checked="" type="checkbox"/> | 2,000            | 0  | 0   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |                                     |                                     | <b>3,302,268</b> | <b>0</b>   | <b>573,055</b>  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |                                     |                                     |                  |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |                                     |                                     | <b>3,302,268</b> | <b>0</b>   | <b>573,055</b>  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 18**

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

**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.

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SANDHURST ASSOCIATES, 299 PARK AVENUE 42ND FL, NEW YORK, NY 10171    | MAINTENANCE SERVICES           | 156,000             |
| GRANT THORNTON LLP, 666 THIRD AVE, NEW YORK, NY 10017                | ACCOUNTING SERVICES            | 119,000             |
| STATE STREET GLOBAL ADVISORS, 225 FRANKLIN STREET, BOSTON, MA 02110  | INVESTMENT ADVISORS            | 120,000             |
| JANINE GORDON ASSOCIATES, 11 EAST 26TH STREET, NEW YORK, NY 10010    | PUBLIC RELATIONS               | 102,000             |
| GERALD & LAWRENCE BLUMBERG LLP, 521 FIFTH AVENUE, NEW YORK, NY 10175 | LEGAL SERVICES                 | 114,000             |

**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 **▶ 5**



**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |            |
|---|---|--|----------------------|--|---|---|------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  | 0                    |  |   |   |            |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  | 0                    |  |   |   |            |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  | 705,000              |  |   |   |            |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  | 0                    |  |   |   |            |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  | 0                    |  |   |   |            |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 46,111,000           |  |   |   |            |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 1,729,000            |  |   |   |            |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 46,816,000           |  |   |   |            |
| <b>Program Service Revenue</b>                                    | <b>2a</b> _____ <b>Business Code</b>  |  |                      |  |   |   |            |
|   | <b>b</b> _____  |  |                      |  |   |   |            |
|   | <b>c</b> _____  |  |                      |  |   |   |            |
|   | <b>d</b> _____  |  |                      |  |   |   |            |
|   | <b>e</b> _____  |  |                      |  |   |   |            |
|   | <b>f</b> All other program service revenue .  |  |                      |  |   |   |            |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |  | 0                    |  |   |   |            |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |  | 6,828,000            | 0  | -198,000                                | 7,026,000   |            |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |  | 0                    | 0  | 0                                       | 0   |            |
|   | <b>5</b> Royalties . . . . .  |  | 0                    | 0  | 0                                       | 0   |            |
|   | <b>6a</b> Gross Rents . . . . .   | (i) Real   | (ii) Personal        |  |   |   |            |
|   |   | <b>b</b> Less: rental expenses                                     |                      |  |   |   |            |
|   |   | <b>c</b> Rental income or (loss)                                   | 0                    | 0  |   |   |            |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  |                      |  |   |   |            |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |   |            |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 37,413,000   | 0                                       |   |            |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |                      | 26,479,000   | 0                                       |   |            |
|   |   | <b>d</b> Net gain or (loss) . . . . .                              |                      | 10,934,000   | 0                                       | 0   | 10,934,000 |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ 705,000<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      | 465,000  |   |   |            |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             | 1,130,000  |   |   |            |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      | -665,000   |   | 0   | -665,000   |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |   |            |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |   |            |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .     |                      |  |   |   |            |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>a</b>   |                      |  |   |   |            |
|   |   | <b>b</b> Less: cost of goods sold . . . . .                        | <b>b</b>             |  |   |   |            |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . . . . .    |                      |  |   |   |            |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                      |  |   |   |            |
| <b>11a</b> _____  |   |  |                      |  |   |   |            |
|   | <b>b</b> _____  |  |                      |  |   |   |            |
|   | <b>c</b> _____  |  |                      |  |   |   |            |
|   | <b>d</b> All other revenue . . . . .  |  |                      |  |   |   |            |
|   | <b>e Total.</b> Add lines 11a-11d . . . . .   |  |                      | 0  |   |   |            |
| <b>12 Total revenue.</b> See instructions. . . . .                |   |  | 63,913,000           | 0  | -198,000                                | 17,295,000  |            |

**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) but are not required to complete columns (B), (C), and (D).

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1   | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| 2   | Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3   | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .  | 53,700,000            | 53,700,000                      |  |                             |
| 4   | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 1,704,000             | 0                               | 275,000                                | 1,429,000                   |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7   | Other salaries and wages . . . . .  | 5,678,000             | 77,000                          | 1,409,000                              | 4,192,000                   |
| 8   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 693,000               | 22,000                          | 153,000                                | 518,000                     |
| 9   | Other employee benefits . . . . .   | 952,000               | 10,000                          | 203,000                                | 739,000                     |
| 10  | Payroll taxes . . . . .   | 464,000               | 6,000                           | 110,000                                | 348,000                     |
| 11  | Fees for services (non-employees):  |                       |                                 |  |                             |
| a   | Management . . . . .  | 146,000               | 0                               | 13,000                                 | 133,000                     |
| b   | Legal . . . . .   | 53,000                |                                 | 4,000                                  | 49,000                      |
| c   | Accounting . . . . .  | 112,000               |                                 | 112,000                                |                             |
| d   | Lobbying . . . . .  | 12,000                |                                 | 12,000                                 |                             |
| e   | Professional fundraising services. See Part IV, line 17 . . . . .   | 24,000                |                                 |  | 24,000                      |
| f   | Investment management fees . . . . .  | 1,001,000             |                                 | 1,001,000                              |                             |
| g   | Other . . . . .   | 1,078,000             |                                 |  | 1,078,000                   |
| 12  | Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13  | Office expenses . . . . .   | 1,107,000             | 0                               | 215,000                                | 892,000                     |
| 14  | Information technology . . . . .  |                       |                                 |  |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 1,191,000             | 0                               | 313,000                                | 878,000                     |
| 17  | Travel . . . . .  | 267,000               | 40,000                          | 20,000                                 | 207,000                     |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| 19  | Conferences, conventions, and meetings . . . . .  | 84,000                | 0                               | 0                                      | 84,000                      |
| 20  | Interest . . . . .  | 16,000                | 0                               | 0                                      | 16,000                      |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 376,000               | 6,000                           | 87,000                                 | 283,000                     |
| 23  | Insurance . . . . .   | 81,000                | 0                               | 81,000                                 | 0                           |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)   |                       |                                 |  |                             |
| a   | SCIENCE PROGRAMS  | 833,000               | 16,000                          | 0                                      | 817,000                     |
| b   | -----   |                       |                                 |  |                             |
| c   | -----   |                       |                                 |  |                             |
| d   | -----   |                       |                                 |  |                             |
| e   | -----   |                       |                                 |  |                             |
| f   | All other expenses  | 115,000               | 13,000                          | 20,000                                 | 82,000                      |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24f   | 69,687,000            | 53,890,000                      | 4,028,000                              | 11,769,000                  |
| 26  | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)               |             | (B)         |           |
|---|--|-------------------|-------------|-------------|-----------|
|   |  | Beginning of year |             | End of year |           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 328,000           | <b>1</b>    | 296,000     |           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 5,249,000         | <b>2</b>    | 7,337,000   |           |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 142,488,000       | <b>3</b>    | 125,777,000 |           |
|   | <b>4</b> Accounts receivable, net . . . . .  |                   | <b>4</b>    |             |           |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   | <b>5</b>    |             |           |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |                   | <b>6</b>    |             |           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>    |             |           |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>    |             |           |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   | <b>9</b>    |             |           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 11,076,000        |             |             |           |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 2,725,000         | 8,162,000   | <b>10c</b>  | 8,351,000 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 15,065,000        | <b>11</b>   | 17,235,000  |           |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 388,274,000       | <b>12</b>   | 449,445,000 |           |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                   | <b>13</b>   |             |           |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |           |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 3,741,000         | <b>15</b>   | 3,205,000   |           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 563,307,000  | <b>16</b>         | 611,646,000 |             |           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 3,480,000         | <b>17</b>   | 3,812,000   |           |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |           |
|   | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>   |             |           |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 8,830,000         | <b>20</b>   | 8,830,000   |           |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>   |             |           |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   | <b>22</b>   |             |           |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 227,000           | <b>23</b>   | 227,000     |           |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |           |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 17,528,000        | <b>25</b>   | 17,927,000  |           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 30,065,000        | <b>26</b>   | 30,796,000  |           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |           |
|   | <b>27</b> Unrestricted net assets . . . . .  | 13,715,000        | <b>27</b>   | -18,326,000 |           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 86,733,000        | <b>28</b>   | 152,774,000 |           |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 432,794,000       | <b>29</b>   | 446,402,000 |           |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |           |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |           |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                   | <b>31</b>   |             |           |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |           |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 533,242,000       | <b>33</b>   | 580,850,000 |           |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 563,307,000  | <b>34</b>         | 611,646,000 |             |           |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |  |          |             |
|----------|--|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b> | 63,913,000  |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b> | 69,687,000  |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b> | -5,774,000  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b> | 533,242,000 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>5</b> | 53,382,000  |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 580,850,000 |

**Part XII Financial Statements and Reporting**

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

|           | Yes                                 | No                                  |
|-----------|-------------------------------------|-------------------------------------|
|           |                                     |                                     |
| <b>2a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>2b</b> | <input checked="" type="checkbox"/> |                                     |
| <b>2c</b> | <input checked="" type="checkbox"/> |                                     |
|           |                                     |                                     |
| <b>3a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>3b</b> |                                     |                                     |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**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. ▶ See separate instructions.

|   |   |
|---|---|
| <b>Name of the organization</b><br>AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC | <b>Employer identification number</b><br>13-1623886 |
|---|---|

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

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

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

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

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

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

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

**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**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006    | (b) 2007   | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total   |
|--|-------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 110,511,000 | 79,327,000 | 49,827,000 | 37,318,000 | 46,816,000 | 323,799,000 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0           | 0          | 0          | 0          | 0          | 0           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0           | 0          | 0          | 0          | 0          | 0           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 110,511,000 | 79,327,000 | 49,827,000 | 37,318,000 | 46,816,000 | 323,799,000 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |             |            |            |            |            |             |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |            |            |            |            | 323,799,000 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006    | (b) 2007   | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total                |
|--|-------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 110,511,000 | 79,327,000 | 49,827,000 | 37,318,000 | 46,816,000 | 323,799,000              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 9,505,000   | 8,028,000  | 6,287,000  | 7,060,000  | 6,828,000  | 37,708,000               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  | 36,000      | 602,000    | -293,000   | -1,069,000 | -198,000   | -922,000                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  | 1,327,000   | 712,000    | 969,000    | 1,092,000  | 465,000    | 4,565,000                |
| <b>11 Total support.</b> Add lines 7 through 10  |             |            |            |            |            | 365,150,000              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |             |            |            | 12         |            |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |             |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 88.68 %                             |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 71.17 %                             |
| <b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . .                        | <b>18</b> | % |

- 19a 33 1/3% support tests—2010.** 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 . . . .
- b 33 1/3% support tests—2009.** 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 . . . .





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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC</b> | Employer identification number<br><b>13-1623886</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 12,000  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   | 12,000  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures   | 69,675,000                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   | 69,687,000                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   | 250,000   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 6,000     | 5,000     | 7,000     | 12,000    | 30,000    |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        | 0         | 0         | 0         | 0         | 0         |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| <b>c</b> Media advertisements?   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | <b>2</b> |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Employer identification number

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

**13-1623886**

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate contributions to (during year) . . . . .  |                         |  |
| 3 Aggregate grants from (during year) . . . . .   |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ 0

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ 115,000

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ 0

b Assets included in Form 990, Part X . . . . . ▶ \$ 0

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 432,794,000      | 419,268,000    | 431,390,000        |                      |                     |
| <b>b</b> Contributions                                  | 25,659,000       | 13,526,000     | 13,404,000         |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     | 0                | 0              | 0                  |                      |                     |
| <b>d</b> Grants or scholarships                         | 0                | 0              | 0                  |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 12,051,000       | 0              | 25,526,000         |                      |                     |
| <b>f</b> Administrative expenses                        | 0                | 0              | 0                  |                      |                     |
| <b>g</b> End of year balance                            | 446,402,000      | 432,794,000    | 419,268,000        |                      |                     |

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment  0 %
- b** Permanent endowment  100 %
- c** Term endowment  0 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

|           |                          |                          |
|-----------|--------------------------|--------------------------|
| <b>3b</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------|--------------------------|--------------------------|

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment       | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  | 0                                    | 0                               |                              | 0              |
| <b>b</b> Buildings              | 0                                    | 9,256,000                       | 1,347,000                    | 7,909,000      |
| <b>c</b> Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment              | 0                                    | 1,705,000                       | 1,378,000                    | 327,000        |
| <b>e</b> Other                  | 0                                    | 115,000                         | 0                            | 115,000        |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,351,000

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value     | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|--------------------|--|
| (1) Financial derivatives . . . . .   | 0                  | End-of-Year Market Value                                     |
| (2) Closely-held equity interests . . . . .                                 | 0                  | End-of-Year Market Value                                     |
| (3) Other <b>OTHER</b>  | 472,000            | End-of-Year Market Value                                     |
| (A) <b>WEIZMANN GLOBAL ENDOWMENT FUND</b>                                   | 448,973,000        | End-of-Year Market Value                                     |
| (B) -----   |                    |  |
| (C) -----   |                    |  |
| (D) -----   |                    |  |
| (E) -----   |                    |  |
| (F) -----   |                    |  |
| (G) -----   |                    |  |
| (H) -----   |                    |  |
| (I) -----   |                    |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>449,445,000</b> |  |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) -----   |                |  |
| (2) -----   |                |  |
| (3) -----   |                |  |
| (4) -----   |                |  |
| (5) -----   |                |  |
| (6) -----   |                |  |
| (7) -----   |                |  |
| (8) -----   |                |  |
| (9) -----   |                |  |
| (10) -----  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value   |
|---|------------------|
| (1) <b>OTHER ASSETS</b>   | 3,050,000        |
| (2) <b>REAL ESTATE</b>  | 155,000          |
| (3) -----   |                  |
| (4) -----   |                  |
| (5) -----   |                  |
| (6) -----   |                  |
| (7) -----   |                  |
| (8) -----   |                  |
| (9) -----   |                  |
| (10) -----  |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | <b>3,205,000</b> |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Amount        |
|---|-------------------|
| (1) Federal income taxes  | 0                 |
| (2) <b>DUE TO AFFILIATE</b>   | 2,505,000         |
| (3) <b>ANNUITY PAYMENT LIABILITY</b>  | 15,422,000        |
| (4) -----   |                   |
| (5) -----   |                   |
| (6) -----   |                   |
| (7) -----   |                   |
| (8) -----   |                   |
| (9) -----   |                   |
| (10) -----  |                   |
| (11) -----  |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>17,927,000</b> |

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | <b>1</b>  | 63,913,000 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | <b>2</b>  | 69,687,000 |
| <b>3</b>  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | <b>3</b>  | -5,774,000 |
| <b>4</b>  | Net unrealized gains (losses) on investments   | <b>4</b>  | 53,382,000 |
| <b>5</b>  | Donated services and use of facilities   | <b>5</b>  | 0          |
| <b>6</b>  | Investment expenses  | <b>6</b>  | 0          |
| <b>7</b>  | Prior period adjustments   | <b>7</b>  | 0          |
| <b>8</b>  | Other (Describe in Part XIV.)  | <b>8</b>  | 0          |
| <b>9</b>  | Total adjustments (net). Add lines 4 through 8   | <b>9</b>  | 53,382,000 |
| <b>10</b> | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | <b>10</b> | 47,608,000 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 116,294,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> | 53,382,000  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 0           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> | 0           |
| <b>d</b> | Other (Describe in Part XIV.)  | <b>2d</b> | 0           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 53,382,000  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 62,912,000  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                   |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 0           |
| <b>b</b> | Other (Describe in Part XIV.)  | <b>4b</b> | 1,001,000   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 1,001,000   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 63,913,000  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 68,686,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 0          |
| <b>b</b> | Prior year adjustments  | <b>2b</b> | 0          |
| <b>c</b> | Other losses  | <b>2c</b> | 0          |
| <b>d</b> | Other (Describe in Part XIV.)   | <b>2d</b> | 0          |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 0          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 68,686,000 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                      |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 0          |
| <b>b</b> | Other (Describe in Part XIV.)   | <b>4b</b> | 1,001,000  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 1,001,000  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 69,687,000 |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part III, Line 4 - ON DISPLAY FOR PUBLIC VIEWING AT THE WOLFSON HOUSE AT THE WEIZMANN INSTITUTE  
LOCATED IN REHOVOT, ISRAEL.

Schedule D, Part V, Line 4 - THE FUNDS ARE ENDOWED ACCORDING TO DONORS' DESIGNATION OF THE FUNDS AND THE  
ALLOWABLE SPENDING RATE IS TRANSMITTED TO THE WEIZMANN INSTITUTE OF SCIENCE WITH INSTRUCTIONS FOR ITS  
DESIGNATED PURPOSE.

Schedule D, Part X, Line 2 - US GAAP REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED ON A MORE LIKELY  
THAN NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE  
ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS FOR THE OPEN  
YEARS. THE EARLIEST TAX PERIOD FOR WHICH THE STATUTE OF LIMITATIONS ARE OPEN IS JUNE 30, 2007.





**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

Employer identification number

**13-1623886**

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| <b>(1) Middle East and North Africa</b>                     | <b>0</b>                            | <b>0</b>   | <b>Grantmaking</b>  | <b>TRANSMITTAL AND</b>   | <b>53,700,000</b>                                    |
| <b>(2)</b>  |                                     |  |   |  |  |
| <b>(3)</b>  |                                     |  |   |  |  |
| <b>(4)</b>  |                                     |  |   |  |  |
| <b>(5)</b>  |                                     |  |   |  |  |
| <b>(6)</b>  |                                     |  |   |  |  |
| <b>(7)</b>  |                                     |  |   |  |  |
| <b>(8)</b>  |                                     |  |   |  |  |
| <b>(9)</b>  |                                     |  |   |  |  |
| <b>(10)</b>   |                                     |  |   |  |  |
| <b>(11)</b>   |                                     |  |   |  |  |
| <b>(12)</b>   |                                     |  |   |  |  |
| <b>(13)</b>   |                                     |  |   |  |  |
| <b>(14)</b>   |                                     |  |   |  |  |
| <b>(15)</b>   |                                     |  |   |  |  |
| <b>(16)</b>   |                                     |  |   |  |  |
| <b>(17)</b>   |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               |                                     |  |   |  |  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | <b>0</b>                            | <b>0</b>   |   |  | <b>53,700,000</b>                                    |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

| <b>1</b> (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region      | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-----------------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)                               |  | Middle East and | BASIC SCIENC         | 53,700,000               | WIRE TRANSFE                    | 0                                 |  |   |
| (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 . . . . . **2**

**3** Enter total number of other organizations or entities . . . . . **0**

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

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No





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

|                 |   | (a) Event #1                        | (b) Event #2                         | (c) Other events           | (d) Total events                |
|-----------------|---|-------------------------------------|--------------------------------------|----------------------------|---------------------------------|
|                 |   | <u>CHICAGO GALA</u><br>(event type) | <u>NEW YORK GALA</u><br>(event type) | <u>5</u><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   | 501,000                             | 399,000                              | 270,000                    | 1,170,000                       |
|                 | <b>2</b> Less: Charitable contributions . . . . .                                 | 406,000                             | 299,000                              | 0                          | 705,000                         |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 95,000                              | 100,000                              | 270,000                    | 465,000                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  | 0                                   | 0                                    | 0                          | 0                               |
|                 | <b>5</b> Noncash prizes . . . . .   | 0                                   | 0                                    | 0                          | 0                               |
|                 | <b>6</b> Rent/facility costs . . . . .  | 5,000                               | 14,000                               | 0                          | 19,000                          |
|                 | <b>7</b> Food and beverages . . . . .   | 85,000                              | 123,000                              | 0                          | 208,000                         |
|                 | <b>8</b> Entertainment . . . . .  | 6,000                               | 8,000                                | 0                          | 14,000                          |
|                 | <b>9</b> Other direct expenses . . . . .  | 85,000                              | 76,000                               | 728,000                    | 889,000                         |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                     |                                      |                            | ( 1,130,000 )                   |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |                                     |                                      |                            | -665,000                        |

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**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 operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in:

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Schedule G, Part I, Line 2b - ALICE PINSLEY IS A PROFESSIONAL CONSULTANT FOR THE PLANNED GIVING DEPARTMENT AND THERE IS NO DIRECT REVENUE ASSOCIATED WITH HER SERVICES.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Form: Schedule G

Page: 1

Line Number: Part I Line 2b

**Fundraiser Activity Information**

| Name and Address   | Activity   | C1 | Gross Receipts | C2            | C3             |
|--|--|----|----------------|---------------|----------------|
| ALICE PINSLEY<br>141 WOODBINE ROAD<br>STAMFORD, CT 06903 | PROFESSIONAL CONSULTANT FOR<br>PLANNED GIVING DEPARTMENT | No | 0              | 24,000        | -24,000        |
| <b>Total:</b>  |  |    | <b>0</b>       | <b>24,000</b> | <b>-24,000</b> |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

Employer identification number  
**13-1623886**

**Part I Questions Regarding Compensation**

|  | Yes       | No |
|--|-----------|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |    |
| <b>b</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 . . . . .  | <b>1b</b> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .  | <b>2</b>  |    |
| <b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><input checked="" type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |           |    |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |           |    |
| <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?   | <b>4a</b> | ✓  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .   | <b>4b</b> | ✓  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | ✓  |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>   |           |    |
| <b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |           |    |
| <b>a</b> The organization? . . . . .   | <b>5a</b> | ✓  |
| <b>b</b> Any related organization? . . . . .<br>If "Yes" to line 5a or 5b, describe in Part III.   | <b>5b</b> | ✓  |
| <b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |           |    |
| <b>a</b> The organization? . . . . .   | <b>6a</b> | ✓  |
| <b>b</b> Any related organization? . . . . .<br>If "Yes" to line 6a or 6b, describe in Part III.   | <b>6b</b> | ✓  |
| <b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .  | <b>7</b>  | ✓  |
| <b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .   | <b>8</b>  | ✓  |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .  | <b>9</b>  |    |

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

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

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|          |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1        | (i)  | 269,600  | 0                                   | 11,580                              | 41,700   | 22,343                  | 345,223                         | 505,217  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 2        | (i)  | 370,054  | 0                                   | 10,638                              | 126,168  | 22,343                  | 529,203                         | 526,970  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 3        | (i)  | 282,236  | 0                                   | 219,708                             | 43,104   | 1,440                   | 546,488                         | 341,132  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 4        | (i)  | 2,038  | 0                                   | 0                                   | 0  | 0                       | 2,038                           | 384,401  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 5        | (i)  | 226,352  | 0                                   | 4,182                               | 20,790   | 7,455                   | 258,779                         | 260,297  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 6        | (i)  | 224,167  | 0                                   | 1,450                               | 21,375   | 16,255                  | 263,247                         | 238,377  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 7        | (i)  | 221,751  | 0                                   | 2,709                               | 20,295   | 7,510                   | 252,265                         | 256,183  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 8        | (i)  | 218,681  | 0                                   | 1,424                               | 20,408   | 16,255                  | 256,768                         | 255,614  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 9        | (i)  | 213,194  | 0                                   | 1,350                               | 19,395   | 7,455                   | 241,394                         | 244,429  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 10       | (i)  | 176,078  | 12,423                              | 1,980                               | 17,318   | 7,455                   | 215,254                         | 197,852  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 11       | (i)  | 182,018  | 0                                   | 3,318                               | 16,875   | 7,971                   | 210,182                         | 212,475  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 12       | (i)  | 174,187  | 0                                   | 497                                 | 9,083  | 14,736                  | 198,503                         | 180,368  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 13       | (i)  | 163,740  | 0                                   | 476                                 | 16,163   | 16,828                  | 197,207                         | 0  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 14       | (i)  | 150,714  | 0                                   | 2,664                               | 1,413  | 7,455                   | 162,246                         | 0  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 15       | (i)  | 152,438  | 630                                 | 0                                   | 14,400   | 16,255                  | 183,723                         | 0  |
|          | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 16       | (i)  |  |                                     |                                     |  |                         |                                 |  |
|          | (ii) |  |                                     |                                     |  |                         |                                 |  |



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

Employer identification number

**13-1623886**

**Part I Bond Issues**

|          | (a) Issuer name   | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                       | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|----------|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|----------------------|----|
|          |   |                |             |                 |                 |  | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> | NY CITY INDUSTRIAL DEVELOPMENT AGENCY CIVIC FACILITY REVENUE BOND, SERIES A AND B | 13-2906040     | 64971CX41   | 04/02/2004      | 8,830,000       | FINANCING THE COST OF ACQUISITION OF CONDOMINIUM |              | ✓  |                         | ✓  |                      | ✓  |
| <b>B</b> |   |                |             |                 |                 |  |              |    |                         |    |                      |    |
| <b>C</b> |   |                |             |                 |                 |  |              |    |                         |    |                      |    |
| <b>D</b> |   |                |             |                 |                 |  |              |    |                         |    |                      |    |

**Part II Proceeds**

|    |  | A   |           | B   |    | C   |    | D   |    |
|----|--|-----|-----------|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired . . . . .  |     | 0         |     |    |     |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .   |     | 0         |     |    |     |    |     |    |
| 3  | Total proceeds of issue . . . . .  |     | 8,830,000 |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .  |     | 0         |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .   |     | 0         |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .  |     | 0         |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds . . . . .   |     | 0         |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .   |     | 0         |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .   |     | 0         |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .   |     | 8,653,400 |     |    |     |    |     |    |
| 11 | Other spent proceeds . . . . .   |     | 0         |     |    |     |    |     |    |
| 12 | Other unspent proceeds . . . . .   |     | 176,600   |     |    |     |    |     |    |
| 13 | Year of substantial completion . . . . .   |     | 2005      |     |    |     |    |     |    |
|    |  | Yes | No        | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? . . . . .  |     | ✓         |     |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue? . . . . .   |     | ✓         |     |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made? . . . . .  | ✓   |           |     |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | ✓   |           |     |    |     |    |     |    |

**Part III Private Business Use**

|   |  | A   |    | B   |    | C   |    | D   |    |
|---|--|-----|----|-----|----|-----|----|-----|----|
|   |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | ✓  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | ✓  |     |    |     |    |     |    |

**Part III Private Business Use** *(Continued)*

|   | A   |     | B   |    | C   |    | D   |    |
|---|-----|-----|-----|----|-----|----|-----|----|
|   | Yes | No  | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | ✓   |     |     |    |     |    |     |    |
| <b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | ✓   |     |    |     |    |     |    |
| <b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .   | ✓   |     |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶  |     | 0 % |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶ |     | 0 % |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     | 0 % |     | %  |     | %  |     | %  |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .  | ✓   |     |     |    |     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . . |     | ✓  |     |    |     |    |     |    |
| <b>2</b> Is the bond issue a variable rate issue? . . . . .   |     | ✓  |     |    |     |    |     |    |
| <b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .                          |     | ✓  |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |     |    |     |    |     |    |     |    |
| <b>4a</b> Were gross proceeds invested in a GIC? . . . . .  |     | ✓  |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .  |     |    |     |    |     |    |     |    |
| <b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .   |     | ✓  |     |    |     |    |     |    |
| <b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .   |     | ✓  |     |    |     |    |     |    |

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

Employer identification number

**13-1623886**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

|                             | (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-----------------------------|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                             |   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                             |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (1)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                         |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                        |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ \$ |   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1)                           |   |                                   |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
| (6)                           |   |                                   |
| (7)                           |   |                                   |
| (8)                           |   |                                   |
| (9)                           |   |                                   |
| (10)                          |   |                                   |





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**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.**

Name of the organization

Employer identification number

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

**13-1623886**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art . . . . .   |                               |  |  |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities—Publicly traded . . . . .                                     | ✓                             | 26   | 1,729,000  | COST AT MARKET   |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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** 0

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



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC

Employer identification number

13-1623886

Form 990, Part VI, Section A, Line 2 - SOME TRUSTEES ARE RELATED BY BLOOD OR MARRIAGE. Gary Abramson and Pennie Abramson-husband and wife; David Fairweather and Jane Fairweather-husband and wife; Vera Guerin and Paul Guerin-husband and wife; Phyllis Gurwin and Laura Flug-mother and daughter; James Nathan and Ilene Nathan- husband and wife ;David Shapell and Fela Shapell -husband and wife ; Theodore Teplow and David Teplow-father and son ; Elaine Wolfensohn and Adam Wolfensohn-mother and son.

Form 990, Part VI, Section B, Line 11b - THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, GRANT THORNTON AND THE CHAIRMAN OF THE BOARD.

Form 990, Part VI, Section B, Line 12c - ON AN ANNUAL BASIS A QUESTIONNAIRE IS SENT OUT TO ALL OFFICERS, DIRECTORS AND TRUSTEES TO IDENTIFY ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. ALL CONFLICTS WILL BE ADDRESSED BY THE EXECUTIVE COMMITTEE.

Form 990, Part VI, Section B, Line 15 - COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS APPROVED AND REVIEWED BY THE EXECUTIVE COMMITTEE FOR REASONABLENESS AS COMPARED TO SALARIES IN THE NOT-FOR-PROFIT INDUSTRY.

Form 990, Part VI, Section C, Line 19 - COPIES OF AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FORM 990 SENT TO DONORS UPON REQUEST

Form 990, Part XI, Line 5 - OTHER CHANGES IN NET ASSETS IS UNREALIZED GAINS FOR THE YEAR

Form: 990

Page: 6

Line Number: Part VI Section C Line 17

States Where Copy Of Return Is Filed

States

AL

AR

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CA

CO

CT

DE

FL

HI

IA

ID

IL

IN

KS

KY

LA

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC**

Employer identification number

**13-1623886**

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

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|--|----|
|   |   |  |                            |   |                                  | Yes  | No |
| (1) <b>WEIZMAN INSTITUTE OF SCIENCE</b><br>PO BOX 26, REHOVOT, ISRAEL 76100, Israel                       | <b>SCIENTIFIC RESEARCH FOR THE BENEFIT OF</b>       | Israel   |                            |   | N/A                              |  | ✓  |
| (2) <b>FEINBERG GRADUATE SCHOOL OF THE WEIZMANN INSTITUTE</b><br>PO BOX 26, REHOVOT, ISRAEL 76100, Israel | <b>GRADUATE SCHOOL IN THE FIELDS OF SCIENCE AND</b> | Israel   |                            |   | N/A                              |  | ✓  |
| (3) -----   |   |  |                            |   |                                  |  |    |
| (4) -----   |   |  |                            |   |                                  |  |    |
| (5) -----   |   |  |                            |   |                                  |  |    |
| (6) -----   |   |  |                            |   |                                  |  |    |
| (7) -----   |   |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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" to 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

**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?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . . |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .  | ✓   |    |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .  |     | ✓  |
| <b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .   |     | ✓  |
| <b>e</b> Loans or loan guarantees by other organization(s) . . . . .  |     | ✓  |
| <b>f</b> Sale of assets to other organization(s) . . . . .  |     | ✓  |
| <b>g</b> Purchase of assets from other organization(s) . . . . .  |     | ✓  |
| <b>h</b> Exchange of assets . . . . .   |     | ✓  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .   |     | ✓  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .                             | ✓   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .                              |     | ✓  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .   |     | ✓  |
| <b>n</b> Sharing of paid employees . . . . .  |     | ✓  |
| <b>o</b> Reimbursement paid to other organization for expenses . . . . .  |     | ✓  |
| <b>p</b> Reimbursement paid by other organization for expenses . . . . .  |     | ✓  |
| <b>q</b> Other transfer of cash or property to other organization(s) . . . . .  |     | ✓  |
| <b>r</b> Other transfer of cash or property from other organization(s) . . . . .  |     | ✓  |

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

|     | (a)<br>Name of other organization | (b)<br>Transaction type (a–r) | (c)<br>Amount involved | (d)<br>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" to 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)<br>Name, address, and EIN of entity   | (b)<br>Primary activity  | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (e)<br>Share of<br>end-of-year<br>assets | (f)<br>Disproportionate<br>allocations? |    | (g)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (h)<br>General or<br>managing<br>partner? |    |
|---|--------------------------|--|---|----|--|---|----|---|---|----|
|   |                          |  | Yes   | No |  | Yes                                     | No |   | Yes                                       | No |
| (1) WEIZMANN GLOBAL ENDOWMENT FUND (03-0495879)<br>110 EAST 42ND STREET, NEW YORK, NY 10017 | INVESTMENT<br>MANAGEMENT | NY   |   | ✓  | 448,973,000                              |   | ✓  | 0   |   | ✓  |
| (2) .....   |                          |  |   |    |  |   |    |   |   |    |
| (3) .....   |                          |  |   |    |  |   |    |   |   |    |
| (4) .....   |                          |  |   |    |  |   |    |   |   |    |
| (5) .....   |                          |  |   |    |  |   |    |   |   |    |
| (6) .....   |                          |  |   |    |  |   |    |   |   |    |
| (7) .....   |                          |  |   |    |  |   |    |   |   |    |
| (8) .....   |                          |  |   |    |  |   |    |   |   |    |
| (9) .....   |                          |  |   |    |  |   |    |   |   |    |
| (10) .....  |                          |  |   |    |  |   |    |   |   |    |
| (11) .....  |                          |  |   |    |  |   |    |   |   |    |
| (12) .....  |                          |  |   |    |  |   |    |   |   |    |
| (13) .....  |                          |  |   |    |  |   |    |   |   |    |
| (14) .....  |                          |  |   |    |  |   |    |   |   |    |
| (15) .....  |                          |  |   |    |  |   |    |   |   |    |
| (16) .....  |                          |  |   |    |  |   |    |   |   |    |

