DLN: 93493132029731

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

A Fo	rthe 2	2009 ca	lendar yea	r, or tax year beginning 07-	·01-2009 and	d ending 06-30-201	.0			
3 Che	eck if ap	plicable	Please	C Name of organization AMERICAN COMMITTEE FOR 1	HE WEIZMANN I	NSTITUTE OF SCIENCE	INC	D Employer ide	entification number	
Add	Iress cha	ange	use IRS label or	Doing Business As				13-162388 E Telephone no		
_ Nar	ne char	nge	print or type. See	Doing business As				·		
_ Inıt	ıal retur	'n	Specific	Number and street (or P O bo		elivered to street addre	ess) Room/suite	(212) 895-	_	
– Ter	mınated	t	Instruc- tions.	633 3RD AVENUE 20TH FLOOF	₹			G Gross receipts	\$ 74,044,000	
- Am	ended r	eturn		City or town, state or country	, and ZIP + 4		I			
– App	olication	pending		NEW YORK, NY 10017						
•			F Nan	L ne and address of principal	officer		W/a) To the		- f	
				PAVONY	omeer		affilia	s a group retur tes?	TYes ▼No	
				RD AVENUE ORK,NY 10017						
			IN E VV	OKK, NT 10017				l affiliates includ		
Tax	x-exem	pt status	▼ 501(c)) (3) ◀ (insert no)	a)(1) or	,		o," attach a list ip exemption nu	(see instructions)	
				ANN-USA ORG				p exemption no	amber P	
							<u> </u>			
				tion Trust Association O	ther 🕨		L Year of fo	rmation 1944	State of legal domicile NY	
Pa	1 I	Sumr		o organization's mission or	maat alanifias	ant naturation				
	1			e organization's mission or COMMITTEE FOR THE WE	_		ICE ORCHEST	RATES SUPPO	ORT IN THE UNITED	
_	l			VIBRANT WORLD-RENO	WNED SCIEN	TIFIC RESEARCH	CENTERAND	GRADUATE L	UNIVERSITY IN	
2		ISRAEL								
Ţ										
<u> </u>										
ankellialine.	2	Check t	hıs box ►	ıf the organization discon	tinued its opei	rations or disposed	of more than	25% of its net	assets	
ő.				nembers of the governing b					143	
eanume Hennings			-	ident voting members of the		•			. 142	
<u> </u>			•	nployees (Part V , line 2a)			2,		94	
3				olunteers (estimate if neces					40	
•				ted business revenue from					-1,068,000	
				ness taxable income from I	•	71				
	-		Tated bas	THE STEAM OF THE STATE OF THE S			Prio	r Year	Current Year	
	8	Contrib	outions and	49,827,000	37,318,000					
₫	9			d grants (Part VIII, line 1h revenue (Part VIII, line 2g		0	0			
Ravenue	10			ne (Part VIII, column (A),		-12,405,000	5,097,000			
Ť	11			art VIII, column (A), lines		-1,395,000	-869,000			
	12		-	dd lines 8 through 11 (mus			ie	2,020,000		
		12) .			<u> </u>	<u> </u>		36,027,000	41,546,000	
	13	Grants	and simila	ar amounts paid (Part IX, co	olumn (A), line	s 1-3)		51,286,000	43,107,000	
	14	Benefit	s paid to c	or for members (Part IX, col	umn (A), line	4)		0	0	
ø	15		s, other co	ompensation, employee ber	efits (Part IX,	column (A), lines	5 –	10,343,000	10,023,000	
73.e	16-	10)	aranal fund	rouging food (Dort IV colum		40,000				
Expenses	16a			raising fees (Part IX, colun			40,000	42,000		
Д	Ь			enses (Part IX, column (D), line 2						
	17			(Part IX, column (A), lines :				8,533,000	6,194,000	
	18		•	Add lines 13–17 (must equ				70,202,000	59,366,000	
. 07	19	Revenu	ie less ext	penses Subtract line 18 fro	om line 12 .			-34,175,000	-17,820,000	
5 Q 2 C								g of Current ear	End of Year	
net Assector Fund Balances	20	Totala	ssets (Par	rt X, line 16)				538,910,000	563,307,000	
38	21			Part X, line 26)				31,097,000	30,065,000	
E E	22		-	d balances Subtract line 2				507,813,000	533,242,000	
Par	t II		ature Blo					. ,	, -,	
				erjury, I declare that I have exam	ined this return.	ncluding accompanying	schedules and s	tatements, and to	the best of my knowledge	
		and belie	ef, it is true,	correct, and complete Declaratio	n of preparer (oth	ner than officer) is base	ed on all informat	on of which prepai	rer has any knowledge ¯	
Sign	1						3040	12.14		
igii lere		Signa	nture of office	er			2010- Date	12-14		
		Henry Pavony Sen Vice President & Fin & Admin								
			y Pavony Se or print nam							
] [- L		Date	1	Check If	Preparer's identi	fving number	
ام: ۵		Preparer' signature			Date		self-	(see instructions		
Paid Prop	,,,,,						empolyed 🕨 🦳			
repa Jse (arer's	ıf self-em		5				EIN 🕨		
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Cat No 11282Y

Part III Statement of Program Service Accomplishments

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

		ice expenses►\$	44,675,000		
	(Expenses \$	0 inc	cluding grants of \$	O) (Revenue \$	0)
4d	Other program serv	vices (Describe in Sch	nedule O)		
4c	(Code) (Expenses \$	ıncludıng gran	s of \$) (Revenue \$)
	THE FEINBERG GRADUA MATHEMATICS	ATE SCHOOL'S PURPOSE IS	TO CONDUCT, OPERATE AND MAI	NTAIN A GRADUATE SCHOOL FOR THE STUDY	OF NATURAL SCIENCES AND
4D	FUNDS WERE TRANSMI	ITTED TO THE FEINBERG GI	RADUATE SCHOOL AT THE WEIZMA	NN INSTITUTE OF SCIENCE FOR SCIENTIFIC	AND EDUCATIONAL PURPOSES
4b	(Code) (Expenses \$	5,272,000 including gran	ts of \$ 5,272,000) (Revenue \$	0)
	INSTITUTE SCIENTISTS		HERE, NOTABLY IN THE FIGHT AG	RENOWNED SCIENTIFIC RESEARCH CENTER AINST DISEASE AND HUNGER, PROTECTION (
4a	(Code) (Expenses \$	39,403,000 including gran	ts of \$ 37,835,000) (Revenue \$	0)
4	Section 501(c)(3) a	nd 501(c)(4) organiza		on's three largest program services b) trusts are required to report the am program service reported	
4	,	ese changes on Sched			
3	services?			how it conducts, any program	┌ Yes ┌ No
_	•	ese new services on S			
_			· · · · · · ·		┌ Yes ┌ No
2				the year which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSL	UI KEUUII	eu stii	cuules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	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? If "Yes," complete Schedule D, Part I	6		No
7	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>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	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? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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</i> "Yes," complete Schedule F, Part I	14b	Yes	
15	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 U S ? If "Yes," complete Schedule F, Part II	15	Yes	
16	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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	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 17 If "Yes," complete Schedule I, Parts I and II	21		Νo
22	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? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	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</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

year

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	or U.S. Information Returns. Enter -U- if not applicable			
L				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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	4a	Yes	
L	account)?		res	
Ь	If "Yes," enter the name of the foreign country ▶GM , IS See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?			-
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?		.,	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
С	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

NEW YORK, NY 10017 (212) 895-7900

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 143	.		
b	Enter the number of voting members that are independent 142	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	N -
Sa	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νο
	venue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		N o
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Yes	
10	describe in Schedule O how this is done	13	Yes	
13	Does the organization have a written document retention and destruction policy?			
14		14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AK, AL, AZ, CA, CO, CT, DE, FL, H, KS, KY, LA, MA, ME, MI, MN, MO, N NE, NH, NJ, NM, NV, NY, OH, OK, C SD, TN, TX, UT, VA, VT, WA, WI, W	MS,MI DR,PA	Γ,NC, A,RI,S	ND,
18	Section 6104 requires an organization to make its Form 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.			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	nızatıor	. ►
	HENRY PAVONY 633 THIRD AVENUE			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees 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, or 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

(A) Name and Title A verage hours per week A	Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
week or director o		A verage hours	je Position (check all						Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Key employee Officer Institutional Trustee Individual trustee or director		Former ighest compensated imployee		organization (W-	organizations (W- 2/1099-	from the organization and related		
	See add'l data										
											-
	,										

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
SANDHURST ASSOCIATES 299 PARK AVENUE 42ND FL NEW YORK, NY 10171	MAINTENANCE SERVICES	168,000
GRANT THORNTON LLP 666 THIRD AVE NEW YORK, NY 10017	ACCOUNTING SERVICES	152,000
STATE STREET GLOBAL ADVISORS 225 FRANKLIN STREET BOSTON, MA 02110	INVESTMENT ADVISORS	116,000
JANINE GORDON ASSOCIATES 11 EAST 26TH STREET NEW YORK, NY 10010	PUBLIC RELATIONS	102,000
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►4) who received more than	

Form 9								Page 9
Part \	<u>/##</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ £	1a	Federated cam	paigns 1a	0				
g ja	ь	Membership du	es 1b	0				
ts, (C	Fundraising eve	ents 1c	1,092,000				
<u>ia</u> je	d		rations 1d					
Sim.	e	Government grants						
弄	'	sımılar amounts no		36,226,000				
Contributions, gifts, grants and other similar amounts	g	Noncash contri 7: lines 1a-1f \$ _	butions included in 76,000					
S E	h	Total. Add lines	s 1a-1f	▶	37,318,000			
				Business Code				
Program Serwce Revenue	2a							
82	b							
ΑĈ	d							
38	e							
<u> </u>	f	All other progra	am service revenue					
နို		Total Add lines	s 2a-2f	<u> </u>	0			
	g 3		ome (including dividen		0			
			aramounts)	. H	5,991,000	0	-1,068,000	7,059,000
	4		tment of tax-exempt bond	· · · ·	0	0		0
	5	Royalties	(1) Pool		0	0	0	0
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d		Length or me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	29,661,000	0				
	b	Less cost or other basis and sales expenses	30,555,000	0				
	С	Gain or (loss)	-894,000	0				
	d 8a	Net gain or (los Gross income f	s)	▶	-894,000	0	0	-894,000
Other Revenue	July	events (not inc \$1,092	luding					
Ω.		See Part IV, lin	e 18 a	1 074 000				
her	b	Less direct ex	penses b	1,074,000 1,943,000				
₹	С		loss) from fundraising		-869,000	0	0	-869,000
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	ınventory, less					
	b c		oods sold b (loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a							
	ь							
	c .							
	d e	All other revenue Total. Add lines	ue					
		iotai. A uu iiiles	,		0	<u></u>		
	12	Total revenue.	See Instructions .	▶	41,546,000	0	-1,068,000	5,296,000

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	43,107,000	43,107,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	4,339,000	244,000	341,000	3,754,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	3,484,000	292,000	1,273,000	1,919,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	712,000	39,000	165,000	508,000
9	Other employee benefits	994,000	53,000	206,000	735,000
10	Payroll taxes	494,000	26,000	118,000	350,000
11	Fees for services (non-employees)				
а	Management	88,000	0	0	88,000
b	Legal	82,000	0	2,000	80,000
С	Accounting	114,000	0	114,000	0
d	Lobbying	0	0	0	0
е	Professional fundraising See Part IV, line 17	42,000			42,000
f	Investment management fees	1,054,000	0	1,054,000	0
g	Other	829,000	159,000	26,000	644,000
12	Advertising and promotion				
13	Office expenses	153,000	5,000	91,000	57,000
14	Information technology				
15	Royalties				
16	Occupancy	1,235,000	99,000	302,000	834,000
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	283,000	18,000	28,000	237,000
19	Conferences, conventions, and meetings	47,000	0	0	47,000
20	Interest	16,000	0	0	16,000
21	Payments to affiliates	22,230			
22	Depreciation, depletion, and amortization	413,000	5,000	291,000	117,000
23	Insurance	111,000	0	111,000	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SCIENCE PROGRAMS	316,000	101,000	0	215,000
b	TELEPHONE	177,000	8,000	21,000	148,000
С	RENTAL EQUIPMENT	234,000	9,000	83,000	142,000
d	PRINTING	831,000	479,000	0	352,000
e f	All other expenses	211,000	31,000	32,000	148,000
25	Total functional expenses. Add lines 1 through 24f	59,366,000	44,675,000	4,258,000	10,433,000
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	37,300,000	44,073,000	4,230,000	10,433,000
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A)		(B)	
	Ι.				Beginning of year		End of year	
	1	Cash—non-interest-bearing			342,000		328,000	
	2	Savings and temporary cash investments	•		10,823,000	H-	5,249,000	
	3	Pledges and grants receivable, net	•		142,065,000	H	142,488,000	
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	n current and former officers, directors, trustees, key employees, and sated employees Complete Part II of					
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and				
		Schedule L				6	_	
ssets	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use				8		
₫	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	10,643,000				
	ь	Less accumulated depreciation	10b	2,481,000	8,516,000	10c	8,162,000	
	11	Investments—publicly traded securities			15,721,000	11	15,065,000	
	12	Investments—other securities See Part IV, line 11	357,842,000	12	388,274,000			
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	3,601,000	15	3,741,000			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			538,910,000	16	563,307,000	
	17	Accounts payable and accrued expenses .			3,566,000	17	3,480,000	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities			8,830,000	20	8,830,000	
68	21	Escrow or custodial account liability Complete Part IV of Schedul	le D.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
eį.		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties			227,000	23	227,000	
	24	Unsecured notes and loans payable to unrelated third parties			24			
	25	Other liabilities Complete Part X of Schedule D		18,474,000	25	17,528,000		
	26	Total liabilities. Add lines 17 through 25			31,097,000	26	30,065,000	
S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27				
ġ		through 29, and lines 33 and 34.						
เล	27	Unrestricted net assets			2,662,000	27	13,715,000	
Fund Balance	28	Temporarily restricted net assets			85,883,000	28	86,733,000	
Ξ	29	Permanently restricted net assets		419,268,000	29	432,794,000		
Fu		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ are	nd con	ıplet e				
JO.		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32		
Net	33	Total net assets or fund balances			507,813,000	\vdash	533,242,000	
<u> </u>	34	Total liabilities and net assets/fund balances			538,910,000	34	563,307,000	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated 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?	3a		Νο
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	3b		

Form **990** (2009)

Name of the organization AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC

OMB No 1545-0047

JMB NO 1545-004

2009

2005

Inspection

SCHEDULE A

(Form 990 or 990EZ)

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.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

13-1623886

									13-102300			
	rt I			olic Charity Stat						structions		
he o	organı	zation is	not a private	foundation because	eitis (Forlin	nes 1 throu	gh 11, check	only one box)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of d	churches s	ection 170(b))(1)(A)(i).				
2	Г	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ		al research 's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın secti	on 170(b)(1)(A)(iii). En	ter the	
5	Г	_	· ·	rated for the benefit	_	or universit	y owned or op	perated by a g	jovernmenta	ıl unıt descrı	 bed in	
		section	170(b)(1)(<i>k</i>	\)(iv). (Complete Pa	rt II)							
6	Г	A federa	al, state, or l	ocal government or	governmenta	ıl unıt desci	nbed in sectio	on 170(b)(1)((A)(v).			
7	⊽	describe	ed in	t normally receives a (Complete Pa		part of its s	support from a	a government	al unit or fro	m the gener	al public	С
8	Г			described in section)(vi) (Com	plete Part II)				
9	Ē			t normally receives					tions, memb	ership fees,	and gro	SS
	•	_		ties related to its ex	• •				•		_	
				ss investment incom	-	_		•				
			_	anızatıon after June 3				•		•		
10	Г	•			•			•	•			
L1	Γ	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 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						e section 509	9(a)(3).	. Check		
f g		other th section If the or check th Since A	an foundatio 509(a)(2) ganization r his box	x, I certify that the con managers and othe eceived a written de 006, has the organiz	er than one o	r more publ	licly supporte	ype I, Type I	ns describe	d in section!	509(a)(1) or
				ectly or indirectly co	ntrols, eithei	r alone or to	gether with p	ersons descr	ribed in (ii)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza	tion?			11g(i)	
				r of a person describ						11g(ii		\vdash
		• •	•	ed entity of a person	• •		bove?			11g(ii		
h				g information about t							<u> </u>	<u> </u>
(i) Name of supporte organizati		Type organiz e of (ii) (describ rted EIN lines 1-9 eation or IRC s		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organizat col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) org in the U	ne tion in ganized	Am	(vii) ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
									1			
									1			
									1			
									1			
ot a	1								+		+	

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if y	ou checked the	box on line 5, 7	7, or 8 of Part I	.)		
	ection A. Public Support	1					
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	75,841,000	110,511,000	79,327,000	49,827,000	37,318,000	352,824,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	(0	0	0	0	0
4	Total. Add lines 1 through 3	75,841,000	110,511,000	79,327,000	49,827,000	37,318,000	352,824,000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,067,000
6	Public Support. Subtract line 5						282,757,000
_	from line 4						202,737,000
	ection B. Total Support	1				I	
Car	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	75,841,000	9,505,000	79,327,000	49,827,000	37,318,000	352,824,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,424,000	9,505,000	8,028,000	6,287,000	7,060,000	39,304,000
9	Net income from unrelated business activities, whether or not the business is regularly carried on	341,000	36,000	602,000	-293,000	-1,069,000	-383,000
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,466,000	1,327,000	712,000	969,000	1,092,000	5,566,000
	Total support (Add lines 7 through 10)						397,311,000
12	Gross receipts from related activit					12	0
13	First Five Years If the Form 990 is check this box and stop here		, ,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organ	nization, ▶
14	ection C. Computation of Pu Public Support Percentage for 200			11 column (fl)		14	71 168 %
15	Public Support Percentage for 200	·	•			 	
	33 1/3% support test—2009. If the				14 22 1/20/	15	71 53 %
b 17a	and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization	alifies as a publice organization did in qualifies as a perior of the organization meets the "fects and "facts and "2008. If the organization meets the "neets the organization meets as a public organization meets and organization meets are organization meets and organization meets are organization meets and organization meets and organization meets and organization meets are organization meets as a public organization meets and organization meets are organization meets and organization meets and organization meets are organization meets and organization meets and organization meets are organization mee	ly supported orgal not check the box ublicly supported anization did not cate and circumstances." anization did not cate anization did not cate and circumstances.	nization con line 13 or 16 organization check a box on lin cances" test, chectest The organization check a box on lin mstances" test, c	a, and line 15 is the 13, 16a, or 16l the this box and st ation qualifies as the 13, 16a, 16b, of	33 1/3% or more and line 14 cop here. Explain a publicly support 17a and line d stop here.	e, check this priced I
18	supported organization Private Foundation If the organiza instructions	tion did not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	▶□ ▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanat ion Explanat ion
OTHER INCOME - IS INCOME DERIVED FROM SPECIAL FUNDRAISING EVENTS

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132029731

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Open to Public Inspection

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

- ◆ 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

Na	ction 501(c)(4), (5), or (6) organi me of the organization ERICAN COMMITTEE FOR THE WEIZMAI	•		Employer ider	ntıficatıon number
_		 	=0.4	13-1623886	
ar	Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	Complete if the or	ganization is exempt und	er section 501(c)(3).	
1		e tax incurred by the organization			
2	·	e tax incurred by organization ma			\$
3		section 4955 tax, did it file Form			⊤ Yes
4a	Was a correction made?	,	,		┌ Yes ┌ No
ь	If "Yes," describe in Part IV				, ,
		ganization is exempt und	er section 501(c) except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$
3	T. b. 1				
	i otal exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 11:	20-POL, line 17b ►	#
4	Did the filing organization file I	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b ►	\$
4 5	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we		r (EIN) of all section from the filing orgar d to a separate polit	n 527 political organization ization's funds Also enter i ical organization, such as a	s to which payments the amount of political
	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year? nd employer identification numbe tion listed, enter the amount paid tre promptly and directly delivered	r (EIN) of all section from the filing orgar d to a separate polit	n 527 political organization ization's funds Also enter i ical organization, such as a	s to which payments the amount of political separate segregated (e) A mount of political contributions received
	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe in its in the amount paid in the promptly and directly delivered in the (PAC) If additional space in the control of the co	r (EIN) of all section from the filing orgar d to a separate polit s needed, provide ir	n 527 political organization lization's funds Also enter f lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe in its in the amount paid in the promptly and directly delivered in the (PAC) If additional space in the control of the co	r (EIN) of all section from the filing orgar d to a separate polit s needed, provide ir	n 527 political organization lization's funds Also enter f lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe in its in the amount paid in the promptly and directly delivered in the (PAC) If additional space in the control of the co	r (EIN) of all section from the filing orgar d to a separate polit s needed, provide ir	n 527 political organization lization's funds Also enter f lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
	Did the filing organization file I State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe in its in the amount paid in the promptly and directly delivered in the (PAC) If additional space in the control of the co	r (EIN) of all section from the filing orgar d to a separate polit s needed, provide ir	n 527 political organization lization's funds Also enter f lical organization, such as a lformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and fi	led Form 5768	(election
4	Check If the filing organization belongs to				
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply			
	Limits on Lobbying I (The term "expenditures" means a			(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		7,000	
c	Total lobbying expenditures (add lines 1a and 1	b)		7,000	
d	Other exempt purpose expenditures			59,317,000	
е	Total exempt purpose expenditures (add lines 1	c and 1d)		59,324,000	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		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			
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		0	
i	Subtract line 1f from line 1c If zero or less, ento	er - 0 -		0	

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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_c	Total lobbying expenditures	20,000	6,000	5,000	7,000	38,000		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures	0	0	0	0	0		

	······		. agc
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
·		()	(1.)

		(a	1)	(b)
		Yes	No	A mount
1	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			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanat ion
SchC_P2A_S00_L01a		EXPENSES TO PROMOTE CONTINUATION OF FEDERAL GRANTS

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DLN: 93493132029731

OMB No 1545-0047

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.

Open to Public

Na	me of the organization		Employer identif	ication number
	ERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE	INC	Zimpioyer identii	
-	Ouronications Maintaining Donou As	duined Funda on Other Circiles F	13-1623886	ata Camalata Atla
26	organizations Maintaining Donor Active organization answered "Yes" to Form 99		unas or Accour	its. Complete il the
		(a) Donor advised funds	(b) Funds ar	ıd other accounts
	Total number at end of year			
2	Aggregate contributions to (during year)			
;	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
i	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	nor advised	┌ Yes ┌ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny other purpose	┌ Yes ┌ No
•a	rt II Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form 990, Part	IV, line 7.
· !	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certified historic st	
			Held at 1	the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
}	Number of conservation easements modified, transfe	rred. released. extinguished. or terminate	ed by the organizati	on durina
	the taxable year 🕨	, , , , , , , , , , , , , , , , , , ,		_
ı	Number of states where property subject to conserva	tron one ment is leasted by		
,	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations,	Yes No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the yea	ar 🗠
,	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easement:	s during the year ►	\$
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes
)	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financia		
ar	t III Organizations Maintaining Collectio Complete if the organization answered "		or Other Simila	ar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	0
	(ii) Assets included in Form 990, Part X		► \$	115,000
!	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1		► \$	0

b Assets included in Form 990, Part X

Par	Titl Organizations Maintaining Co	ollections of Art	, His	torical Tre	asu	res, or Ot	:he	r Similar As:	<u>sets</u>	(cont	<u>ınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	at ar	e a sıgnıfıcaı	nt u	se of its collect	ıon		
а	Public exhibition		d	Loan or	excl	nange progra	ms				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they further	the c	organization's	s ex	empt purpose II	n		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					_ Yes	F	No
Pai	t IV Escrow and Custodial Arrang					n answered	"Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ons o	or other asse	ts r	not [_ Yes	Γ	No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		_		_			
_	_					H		Am	ount		
c	Beginning balance						Lc · -				
d	Additions during the year					<u> </u>	Ld				
e	Distributions during the year					<u> </u>	Le				
f	Ending balance					Ŀ	Lf				
2a	Did the organization include an amount on F		e 21?					Г	Yes		No
	If "Yes," explain the arrangement in Part XI\			1 1157							
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		wered "Yes')Prior Year					(e)Fou	ır Year	rs Back
1a	Beginning of year balance	419,268,000	(12	431,390,000	(0)	WO TCGTS BACK	100	Timee reary back	(C)i ou	- rear	3 Dack
 Ь	Contributions	13,526,000		13,404,000							
c	Investment earnings or losses	0		0							
d	Grants or scholarships	0		0							
e	Other expenditures for facilities	0		25,526,000							
	and programs						_				
f	Administrative expenses	0		0			-				
g	End of year balance	432,794,000		419,268,000							
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment F 1.00 %										
c	Term endowment ► 0 %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	that are held a	and a	dministered	for	the	Ye	<u> </u>	No
	(i) unrelated organizations							3a(i			No.
	(ii) related organizations							3a(i	_	<u> </u>	N o
ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedule R?				3b			
4	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Building	s, and Equipme	<u>nt. S</u>	ee Form 99	0, Pa	art X, line 1	LO.				
	Description of investment			(a) Cost or o basis (investm		(b) Cost or ot basis (other		(c) Accumulated depreciation	(d)	Book	value
1a	Land				0		0				0
b	Buildings		•		0	9,256,	000	1,347,00	0	7,9	09,000
С	Leasehold improvements				0		0		0		0
d	Equipment				0	1,387,	000	1,134,00	0	2	53,000
е	Other				0		0		0		0

8,162,000

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	F
Closely-held equity interests	0	
Other		
WEIZMANN GLOBAL ENDOWMENT FUND, L P	387,665,000	F
OTHER	609,000	F
	, i	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	* 388,274,000	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(D) Book value	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. See Form 990, Part X,	ine 15.	
(a) Descr	ıptıon	(b) Book value
ART COLLECTON		115,000
REAL ESTATE		396,000
OTHER ASSETS		3,230,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	. 3,741,000
Part X Other Liabilities. See Form 990, Part	V 1 25	·
	X, line 25.	
1 (a) Description of Liability	(b) A mount	
1 (a) Description of Liability	(b) A mount	
1 (a) Description of Liability Federal Income Taxes	(b) A mount 0	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000	
1 (a) Description of Liability Federal Income Taxes DUE TO AFFILIATE	(b) A mount 0 2,390,000 15,138,000	

Total revenue (Form 990, Part VIII, column (A), line 12)

41,546,000

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	59,366,00
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,820,00
4	Net unrealized gains (losses) on investments	4	43,249,00
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	43,249,00
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	25,429,00
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	83,741,00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	43,249,00
3	Subtract line 2e from line 1	3	40,492,00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,054,00
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	41,546,00
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	₁	58,312,00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 0	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	58,312,00
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	1,054,00
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	59,366,00

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

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, 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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	ON DISPLAY FOR PUBLIC VIEWING AT THE WOLFSON HOUSE AT THE WEIZMANN INSTITUTE LOCATED IN REHOVOT, ISRAEL
SchD_P05_S00_L04	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 USE FOR ITS DESIGNATED PURPOSE
SchD_P10_S00_L00	Schedule D, Part X	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 TAX YEARS THE EARLIEST TAX PERIOD FOR WHICH STATUTES OF LIMITATIONS ARE OPEN IS JUNE 30, 2006
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	THE INVESTMENT EXPENSES ARE NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS, AMOUNTS ARE GROSSED UP ON THE FORM 990
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	INVESTMENT EXPENSES ARE NETTED AGAINST REVENUE IN FINANCIAL STATEMENTS, AMOUNTS ARE GROSSED UP ON FORM 990

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As Filed Data -

DLN: 93493132029731

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Totals .

	ne of the organization	D TILE METTA A A A	.N. INCTITUTE 0	E COLENCE INC		Employer ide	ntification number
· M E	RICAN COMMITTEE FO	K THE WEIZMAN	IN INSTITUTE O	OF SCIENCE INC		13-1623886	5
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	ıf the organ	nization answered
1	For grantmakers. Do	es the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection critei	rıa used to a	ward
	the grants or assistan	ıce?					. 🔽 Yes 🗌 No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a progra describe sp	ry listed in (d) am service, ecific type of) in region	(f) Total expenditures for region
1 i d c	ile East and North Africa	0	0	Program Services		N OF FUNDS IN DONORS	43,107,000

43,107,000

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		Middle East and North Africa	BASIC SCIENCE RESEARCH, NOTABLY IN THE FIGHT AGAINST DISEASES AND HUNGER, PROTECTION OF THE ENVIRONMENT AND DEVELOPMENT OF NEW TECHNOLOGIES FOR ECONOMIC GROWTH FUNDS FOR GRADUATE SCHOOL AT THE WEIZMANN INSTITUTE OF SCIENCE AND EDUCATIONAL PURPOSES		WIRE TRANSFERS MONTHLY ACCORDING TO DONOR DESIGNATION FOR USE OF FUNDS		DNONE	N/A

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. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant dısbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

		ııred ın Part I, line 2, and any addıtıonal ınformation.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	GRANTS ARE TRANSMITTED TO THE WEIZMANN INSTITUTE OF SCIENCE LOCATED IN REHOVOT, ISRAEL ON MONTHLY BASIS WITH SPECIFICATIONS RELATING TO THE DESIGNATION FOR THE USE OF THE FUNDS THE INSTITUTE CONFIRMS THAT THE MONIES ARE USED FOR THE INTENDED PURPOSE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029731

SCHEDULE G (Form 990 or 990-EZ)

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

Name of the organization		LU FUI III 990	OI FUIIII 990	U-EZ. F	See separate instructi	ons.	Inspection
AMERICAN COMMITTEE F	OR THE WEIZMANN IN	STITUTE	O F SCIE	NCF	INC	Employer i	dentification number
	OK THE WEIZHAMM IN	0111012	0, 0012			13-16238	86
	Activities. Complete filers are not required					to Form 990, Part	IV, line 17.
1 Indicate whether the o	rganization raised funds	through a	ny of the	follo	wing activities Che	ck all that apply	
a Mail solicitations			е	<u></u>	Solicitation of non	-government grants	
b Internet and e-ma	ıl solıcıtatıons		f	<u></u>	Solicitation of gov	ernment grants	
c Phone solicitations	5		g	굣	Special fundraisin	g events	
d 🔽 In-person solicitat	ions						
b If "Yes," list the ten his to be compensated at	gnest paid individuals or least \$5,000 by the orga	•	Form 990 Did		-		table
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo contr contribu	dy or ol of		Gross receipts from activity	(or retained by) fundraiser listed ir	(vi) A mount paid to (or retained by)
		Yes	No			col (i)	organization
ALICE PINSLEY	PROFESSIONAL CONSULTANT FOR PLANNED GIVING DEPARTMENT				0	42,0	organization

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

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1 NY GALA (event type)	(b) Event #2 CHICAGO GALA (event type)	(c) O ther Events 12 (total number)	(d) Tot (Add col col		
₽	1	Gross receipts	503,000	794,000	870,000		2,16	7,000
Revenue	2	Less Charitable contributions	329,000	614,000	149,000		1,09	2,000
<u> </u>	3	Gross income (line 1 minus line 2)	174,000	180,000	721,000		1,07	5,000
	4	Cash prizes	C	0	0			0
မ	5	Non-cash prizes	C	0	0			0
ense(6	Rent/facility costs	C	0	0			0
Direct Expenses	7	Food and beverages	C	0	0			0
	8	Entertainment	C	0	0			0
	9	Other direct expenses .	292,000	287,000	1,365,000		1,94	4,000
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌		1,94	4,000
	11	Net income summary Combine li	nes 3, column d, and line	10			-86	9,000
Par	t II	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes	┌ Yes			
	7	Direct expense summary Add line Net gaming income summary Com						
	0	Net gaining income summary Con	ibilie illies 1, coluilli u, a	nu iiile 7			Yes	No
9 a b	Is	ter the state(s) in which the organiza the organization licensed to operate "No," Explain			 .	. 9a		
	_	No, Explain						
10a b		ere any of the organization's gaming "Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12	Is	es the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	. 11		
					Schedule G (Form 9		EZ) 20	109

Indicate the percentage of gaming activity operated in The organization's facility An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue? If "ves," enter the amount of gaming revenue received by the organization If "ves," enter name and address Name Address Caming manager information Name Gaming manager compensation Small Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information Name F Baming manager information Name F Description of services provided F 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?	
Name ► Address ► L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ C If "Yes," enter name and address Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a 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 Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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 Name	
amount of gaming revenue retained by the third party \$ If "Yes," enter name and address Name	
Address Addres	
Address Addres	
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent In the organization's own exempt activities during the tax year ▶ \$	

DLN: 93493132029731

Employer identification number

OMB No 1545-0047

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, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

AM	ERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC					
			13-1623886			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro					
	First-class or charter travel	Housing allowance or residence fo				
	Travel for companions	Payments for business use of pers	•			
	Tax idemnification and gross-up payments	Health or social club dues or initia				
	Discretionary spending account	Personal services (e.g., maid, chai				
	, Biscictionary spending account	r ersonar serrices (e g , mara, ema	andur, enery			
b	If any of the boxes in line 1a are checked, did the organizate reimbursement orprovision of all the expenses described a			1b		
2	Did the organization require substantiation prior to reimbu	irsing or allowing expenses incurred b	y all			
	officers, directors, trustees, and the CEO/Executive Direc	ctor, regarding the items checked in li	ne 1a?	2		
3	Indicate which, if any, of the following the organization use	es to establish the compensation of th	e			
_	organization's CEO/Executive Director Check all that app					
	Compensation committee	·				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payme	ent?		4a	Yes	
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based of	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item	ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must cor	nplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	a, did the organization pay or accrue	any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue	any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		on-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III			8		No
٥	If "Vac" to line 8, did the organization also follow the rebui	ttable presumption presedure describ	ad in Pagulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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

					T		1	T
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	2 3 3 3	(-)(.)	Form 990 or Form 990-EZ
Harold Adler	(ı) (ıı)	272,465 0	0	177,090 0	41,025 0	14,637 0	505,217 0	348,834 0
Marshall Levin	(I) (II)	376,445 0	0	10,638 0	125,250 0	14,637 0	526,970 0	336,288 0
Michael Abidor Sept 15 2009 End dat	(I) (II)	287,577 0	0	60,259 0	27,160 0	9,405	384,401 0	301,218 0
Jay Leipzig Feb 28 2009 End date	(I) (II)	159,642 0	0	183,173 0	4,478 0	0	347,293 0	414,595 0
Henry Pavony	(I) (II)	286,364 0	0	10,869 0	42,528 0	1,371	341,132 0	357,373 0
Steven Meyers	(I) (II)	230,885	0	4,103 0	20,520 0	4,789 0	260,297 0	239,852 0
Herman Neiditch	(I) (II)	228,637 0	0	2,709 0	20,048	4,789 0	256,183 0	238,920 0
Lee Brown	(I) (II)	224,430 0	0	1,225 0	20,048	9,911 0	255,614 0	0
Jeffrey Sussman	(I) (II)	219,168 0	0	1,324 0	19,148 0	4,789 0	244,429	238,785 0
Mark Feldman	(I) (II)	208,092	0	1,324 0	19,050 0	9,911 0	238,377	217,974 0
Janıs Rabın	(I) (II)	187,199 0	0	3,260 0	16,673 0	5,343 0	212,475 0	199,771 0
Vırgınıa Saıfer	(I) (II)	177,365 0	0	4,021 0	15,953 0	9,911	207,250	189,562 0
Richard Enslein	(I) (II)	175,558 0	0	1,980	15,525 0	4,789 0	197,852	158,943 0
Stacy Sulman	(I) (II)	157,000	0	424 0	14,580 0	9,911	181,915	0
Lynn Effron	(I) (II)	154,193 0	0	975 0	14,580 0	10,620	180,368	174,373 0

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE FISCAL YEAR JAY LEIPZIG- \$103,227, MICHAEL ABIDOR- \$79,500 HAROLD ADLER- RECEIVED A PAYMENT FROM NON QUALIFIED SUPPLEMENTAL PENSION PLAN OF \$165,510

Schedule J (Form 990) 2009

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

DLN: 93493132029731 OMB No 1545-0047

Schedule K (Form 990)

Name of the organization

Supplemental Information on Tax Exempt Bonds

Schedule K (Form 990) 2009

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** Employer identification number

AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC 13-1623886 **Bond Issues** Part I (h) O n Behalf of (a) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No NY CITY INDUSTRIAL FINANCING THE COST OF **DEVELOPMENT AGENCY** ACQUISITION OF 13-2906040 64971CX41 04-02-2004 8.830.000 Х Х CIVIC FACILITY REVENUE CONDOMINIUM AT 633 THIRD BOND SERIES A AND B AVE Part Proceeds В C D Ε Total proceeds of issue 8,830,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds 4 177,000 Issuance costs from proceeds 5 Working capital expenditures from proceeds 6 7 Capital expenditures from proceeds 8,653,000 Year of substantial completion 8 2005 No Yes Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support Χ the final allocation of proceeds? Part III **Private Business Use** Ε Α В C D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 Χ which may result in private business use?

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			А В		С		D			E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х								
Зс	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?	х									
4	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 %									
5	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 %									
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Pai	TIV Arbitrage		•		•	•	•	•		•	-

			A	l l	3		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?		Х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider		-								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×								
6	Did the bond issue qualify for an exception to rebate?		х								
									Cahadul	o V /Form 00/	33 2000

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC

					13-1623886			
Pa	rt I Types of Property							
		(a) Check ıf applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	33	776,000	COST AT MARKET			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received		- ,					•
	for which the organization compl	eted Form	8283, Part IV, Donee Ackr	nowledgement	29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
SchM_P01_S00_L32b	, ,	THE ORGANIZATION USES THIRD PARTY BROKERAGE FIRM, UBS, TO PROCESS AND SELL PUBLICALY TRADED SECURITIES DONATED TO ORGANIZATION

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 13-1623886

Name: AMERICAN COMMITTEE FOR THE WEIZMANN

INSTITUTE OF SCIENCE INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029731

OMB No 1545-0047

Open to Publi Inspection

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(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE 0

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

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization

AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC

Employer identification number

13-1623886

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Gary Abramson and Pennie Abramson - husband and wife, David Fairw eather and Jane Fairw eather - husband and wife, Vera Guerin and Paul Guerin - husband and wife, Phyllis Gurwin and Laura Flug - mother and daughter, James Nathan and llene Nathan -husband and wife, David Shapell and Fela Shapell - husband and wife, Theodore Teplow and David Teplow - father and son, Al Willner and Jane Bloomgarden - father and daughter, Elaine Wolfensohn and Adam Wolfensohn - mother and son

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, GRANT THORNTON AND THE CHAIRMAN OF THE BOARD

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	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

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	, ,	COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS APPROVED AND REVIEWED BY THE EXECUTIVE COMMITTEE FOR REASONABLENESS AS COMPARED TO SALARIES IN THE NOTFOR PROFIT INDUSTRY

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	COPIES OF AUDITED FINANCIAL STATEMENTS AND FORM 990 SENT TO DONORS UPON REQUEST

ldentifier	Return Reference	Explanation
SchG_P01_S00_L02b	Schedule G, Part I, Line 2b	ALICE PINSLEY IS A PROFESSIONAL CONSULTANT FOR PLANNED GIVING DEPARTMENT AND THERE IS NO DIRECT REVENUE ASSOCIATED WITH HER SERVICES

DLN: 93493132029731

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ 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.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC 13-1623886 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Primary activity Total income Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (d) (c) (e) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity WEIZMAN INSTITUTE OF SCIENCE SCIENTIFIC RESEARCH PO BOX 26 FOR THE BENEFIT OF IS N/A REHOVOT, ISRAEL 76100 HUMANITY FEINBERG GRADUATE SCHOOL OF THE WEIZMANN INSTITUTE OF SCIENCE GRADUATE SCHOOL IN THE FIELDS OF SCIENCE AND IS SCHOOL N/A REHOVOT, ISRAEL 76100 MEDICINE 13-6227366

(a) Name, address, and EIN of related organization	(b) Legal Primary activity dominated foreign count		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets) rtionate ions?				i) ral or nging ner?
								Yes	No			Yes	No
Part IV Identification 34 beautification 34 beautification (a) Name, address, and EIN of	cause it had one	d Organiz or more r (b) Primary a	elated organization	(c) Legal domicile (state or foreign country)	r Trust (Complete ration or trust duri (d) Direct controlling entity	ef the organi ng the tax ye (e) Type of entity (C corp, S corp, or trust)	zation a ar.) (f) Share of incon	total	Sh end-	(g) are of of-year ssets	(h) Percentage ownership	<u> </u>	
		1											

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b	Yes	
c Gift, grant, or capital contribution from other organization(s)		1 c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1 g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1р		No
q Other transfer of cash or property to other organization(s)		1 q		No
r Other transfer of cash or property from other organization(s)		1 r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	nships and transaction thre	sholds		
(a) Name of other organization	(b) Transaction type(a-r)	(Amount	c) ınvolve	d
(1) WEIZMAN INSTITUTE OF SCIENCE	С		43,349	9,000
(1) See Additional Data Table				
(2)				
(3)				
(4)				
(5)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign country)		all ners non c)(3) vations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	Gene man par	nagin tner
METAMANN CLODAL ENDOWMENT FUND			Yes	No		Yes	No		Yes	N
WEIZMANN GLOBAL ENDOWMENT FUND 110 EAST 42ND STREETNEW YORK, NY10017 03-0495879	INVESTMENT MANAGEMENT	NY		No	387,665,000		No			No

Software ID: Software Version:

EIN: 13-1623886

Name: AMERICAN COMMITTEE FOR THE WEIZMANN

INSTITUTE OF SCIENCE INC

(A) Name and Title	(B) A verage	Posi	((tion (cka	II		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	a Institutional Trustee	Officer) Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Richard Aarenau Board Member	2	х						0	0	0
Gary M Abramson Board Member	2	×						0	0	0
Pennie Abramson President	6	×						0	0	0
Donald Altman Board Member	2	х						0	0	0
Sally Leafman Appelbaum Assistant Treasurer	5	х						0	0	0
Eugene Applebaum Board Member	2	х						0	0	0
Robert H Asher Chairman Emeritus	5	х						0	0	0
Robert A Belfer Board Member	2	х						0	0	0
Marshall Bennett Board Member	2	х						0	0	0
Paul A Berkman Board Member	6	х						0	0	0
Howard B Bernick Board Member	2	х						0	0	0
Lawence S Blumberg Chairman	5	х						0	0	0
Penny Blumenstein Board Member	2	Х						0	0	0
Dan Cannold Board Member	2	х						0	0	0
Victor Chaltiel Board Member	2	х						0	0	0
Harold Chefitz Board Member	2	х						0	0	0
Brent Cohen Board Member	2	х						0	0	0
Judith Cohen Board Member	2	х						0	0	0
Lester Crown Board Member	5	Х						0	0	0
Meyer Cyker Board Member	2	Х						0	0	0
Melvin Allen Dick Board Member	2	Х						0	0	0
Karen Davidson Board Member	2	Х						0	0	0
Russell Dekker Board Member	2	Х						0	0	0
Helen Diller Board Member	2	Х						0	0	0
Sonnie Dockser Board Member	5	Х						0	0	0

Compensated Employees, and	Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (that a	che		_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
Joyce Eisenberg Keefer Board Member	5	Х						0	0	0				
Marshall S Ezralow Board Member	2	х						0	0	0				
David Fairweather Board Member	2	х						0	0	0				
Jane Fairweather Board Member	2	Х						0	0	0				
Todd Federman Board Member	2	х						0	0	0				
Lorı A Feinberg Kany Board Member	2	х						0	0	0				
Daniel Feldman Board Member	2	Х						0	0	0				
Alan A Fischer Chairman Emeritus	5	х						0	0	0				
Laura Flug Vice Chair National	5	х						0	0	0				
Mıchael Forman Board Member	2	Х						0	0	0				
Sonya Friedman Board Member	2	х						0	0	0				
Paul Gardner Secretary	5	х						0	0	0				
Louise Gartner Board Member	2	х						0	0	0				
Murray Goldberg Board Member	2	х						0	0	0				
Bram Goldsmith Board Member	2	Х						0	0	0				
Eugene M Grant Board Member	2	х						0	0	0				
Scott David Greenberg Associate Vice Chair Finance	5	х						0	0	0				
Meyer Grodetsky Board Member	2	х						0	0	0				
Akıva Gross Board Member	2	х						0	0	0				
Patricia Gruber Board Member	2	х						0	0	0				
Paul Guerin Board Member	2	Х						0	0	0				
Vera Guerin Board Member	2	Х						0	0	0				
Phyllis Gurwin Board Member	2	Х						0	0	0				
David Haas Board Member	2	Х						0	0	0				
Harold Haftel Board Member	2	х						0	0	0				

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mark Hankın Board Member	2	Х						0	0	0
Lında Hayman Vıce Chaırwoman	5	х						О	0	0
Daniel Hirsch	2	Х						0	0	0
Board Member Yossie Hollander										
Board Member	2	Х						0	0	0
Arlyn Imberman Board Member	2	X						0	0	0
Nancy Jacobson Board Member	2	Х						0	0	0
Lız Jaffe Assıstant Secretary	5	Х						0	0	0
Jon Kaufman Board Member	2	Х						0	0	0
Gershon Kekst Chairman Emeritus	5	×						0	0	0
Helen L Kımmel Board Member	5	Х						0	0	0
Donald Kırk Board Member	5	Х						0	0	0
Harvey Knell Board Member	2	Х						0	0	0
Bernard Koff Board Member	2	X						0	0	0
Richard Laster Board Member	2	X						0	0	0
Bess F Lawrence Board Member	2	Х						0	0	0
Arnold Leibowitz Board Member	2	X						0	0	0
Tova Leidesdorf Board Member	2	×						0	0	0
Sol Levites Board Member	2	Х						0	0	0
Jay Levy Board Member	5	Х						0	0	0
Mark Levy Board Member	3	Х						0	0	0
Richard Lipkin Board Member	2	×						0	0	0
Robert B Machinist Chairman Emeritus	5	Х						0	0	0
Rhoda R Mancher Board Member	2	Х						0	0	0
Stephen Meadow Board Member	2	Х						0	0	0
Ellen Merlo Associate Vice Chair Financial Resources	5	Х						0	0	0

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	che	')	_	_	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		from the organization and related organizations
Ira Millman Board Member	2	×						0	0	0
Ira Mondry Vice Chair	5	×						0	0	0
David S Moross Board Member	2	х						0	0	0
Andrew R Morse Vice Chair Finance	7	х						0	0	0
Lon Morton Board Member	5	х						0	0	0
Beverly Mutchnik Board Member	2	х						0	0	0
Ilene Nathan Board Member	2	х						0	0	0
James Nathan Board Member	2	х						0	0	0
Gil O menn Board Member	2	х						0	0	0
Marc J Oppenheimer Board Member	2	х						0	0	0
Claude Oster Board Member	3	х						0	0	0
Norman Pappas Board Member	2	х						0	0	0
Rosalınd Perlmutter Board Member	2	Х						0	0	0
Rıchard Perry Board Member	2	Х						0	0	0
Charles I Petschek Board Member	2	Х						0	0	0
Morton Pickman Board Member	2	х						0	0	0
David Polak Board Member	2	Х						0	0	0
Bruce Pollack Board Member	6	Х						0	0	0
Deborah Ratner Salzberg Board Member	2	х						0	0	0
Heidi Rochlin Board Member	2	х						0	0	0
Steven Romick Board Member	2	Х						0	0	0
Beth N Rom-Rymer Board Member	2	Х						0	0	0
Irene Rosenblum Board Member	2	Х						0	0	0
Sheldon Roth Board Member	5	Х						0	0	0
Tom Rykoff Board Member	2	х						0	0	0

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
E Bonnie Schaefer Board Member	2	Х						0	0	0	
Rowland Schaefer Board Member	2	Х						0	0	0	
Elie Schalit Board Member	2	Х						0	0	0	
Pierre L Schoenheimer Board Member	5	Х						0	0	0	
Sara Schupf Chairwoman Emeritus	2	Х						0	0	0	
Donald L Schwarz Board Member	2	Х						0	0	0	
John Schwartz Board Member	5	Х						0	0	0	
Carrie Schwarz Kassin Board Member	2	Х						0	0	0	
Fela Shapell Board Member	2	Х						0	0	0	
David Shapell Board Member	2	Х						0	0	0	
Merry Sherman Board Member	2	Х						0	0	0	
Marion Silberberg Board Member	2	Х						0	0	0	
Frederick L Simmons Board Member	2	Х						0	0	0	
Allen Skolnick Board Member	2	Х						0	0	0	
Susan Small Savitsky Board Member	2	Х						0	0	0	
Jonathan Sohnis Board Member	2	Х						0	0	0	
Coco Soodek Board Member	2	Х						0	0	0	
Maury L Spanier Board Member	2	Х						0	0	0	
Gregg M Steinberg Treasurer	6	Х						0	0	0	
Raymon Sterman Board Member	2	Х						0	0	0	
Menachem Sternberg Board Member	2	Х						0	0	0	
Rick Stone Board Member	2	Х						0	0	0	
Stephen L Stulman Board Member	2	Х						0	0	0	
Leah Susskind Board Member	2	Х						0	0	0	
S Donald Sussman Chairman Emeritus	5	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title							ī	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
David Teplow Board Member	5	Х						0	0	0	
Theodore H Teplow Board Member	7	Х						0	0	0	
A ntonio Villalon Board Member	6	Х						0	0	0	
Saul Waring Board Member	6	Х						0	0	0	
Edna Weiss Board Member	2	Х						0	0	0	
Edna Weissman Board Member	2	Х						0	0	0	
Irving L Weissman Board Member	2	Х						0	0	0	
William Weksel Board Member	2	Х						0	0	0	
David C Wiener Board Member	4	Х						0	0	0	
Albert Willner President Emeritus	5	Х						0	0	0	
A dam Wolfensohn Board Member	2	Х						0	0	0	
Elaine Wolfensohn Board Member	2	Х						0	0	0	
Alejandro Zaffaroni Board Member	2	Х						0	0	0	
Stanley R Zımmerman Board Member	2	Х						0	0	0	
Lois Zoller Board Member	5	Х						0	0	0	
Roy J Zuckerberg Board Member	2	Х						0	0	0	
Harold Adler Senior Vice President	35			x				449,600	0	55,600	
Marshall Levin Executive Vice President	35			х				387,100	0	139,900	
Michael Abidor Sept 15 2009 End dat Senior Vice President	35			х				347,800	0	36,600	
Henry Pavony Chief Financial Officer	35			х				297,200	0	43,900	
Jay Leipzig Feb 28 2009 End date Senior Vice President	0			х				342,800	0	9,000	
Steven Meyers Vice President	35				х			235,000	0	25,300	
Herman Neiditch Vice President	35				х			231,300	0	24,900	
Jeffrey Sussman Vice President	35				х			220,500	0	23,900	
Mark Feldman Vice President	35				х			209,400	0	29,000	

Compensation Improved, and Imagentation Continues											
(A) Name and Title	(B) Average hours per	Posi t			')		T	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)			
Lee Brown Regional Director	35				х			225,700	0	29,000	
Janıs Rabın Regional Director	35					х		190,500	0	22,000	
Vırgınıa Saıfer Regional Director	35					х		181,400	0	25,900	
Richard Enslein Regional Director	35					×		177,500	0	20,400	
Stacy Sulman Director of Planned Giving	35					Х		157,400	0	24,500	
Lynn Effron Regional Director	35					х		155,200	0	25,200	