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DLN: 93493133038021

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	or the	2009 ca	lendar yea		ng 07-01-2009	and ending 06-30-201	.0			
B Ch	eck ıf a	pplicable	Please	C Name of organization INSTITUTE FOR ADVANGE	CED STUDY -			D Employer	identi	fication number
Address change			use IRS label or	LOUIS BAMBERGER & M		DUNDATION		21-0634		
┌ Na	me cha	inge	print or	Doing Business As				E Telephone	numb	per
┌ Inı	tıal retu	ırn	type. See Specific	Number and street (or	D.O. how if moul is	not delivered to street addre	ass) Doom /suuto	(609) 73	4-82	08
	mınate		Instruc- tions.	EINSTEIN DRIVE	PO DOX II III III IS	not delivered to street addre	ess) Room/suite	G Gross recei	pts \$ 6	04,649,467
	nended		tions.	City or town, state or c	ountry and 7TD	4				
				PRINCETON, NJ 08540		4				
J Ap	plication	n pending					_			
				ne and address of prin GODDARD EXECUT:				ııs a group ret	urn fo	
				EIN DRIVE	IVL DIK		affilia	ates?		⊤Yes 🔽 No
			PRINC	ETON,NJ 08540			H(b) Are a	II affiliates incl	luded?	Yes No
						_	If"N	o," attach a l	ıst (s	ee instructions)
I Ta	ix-exen	npt status	✓ 501(c))(3) ◄ (insert no)	4947(a)(1) or	527	H(c) Gro	up exemption	numb	er 🟲
J W	ebsit e	e: 🕨 WW	WIASED	J						
K For	m of or	manization	✓ Cornorat	ion Trust Associatio	n Cother 🕨		L Vear of fo	ormation 1930	M St	ate of legal domicile NJ
_	rt I	Sumn		lolly Husel Associatio	iii otilei F		L rear or it	Jillation 1930	M 30	ate of legal doffficile 103
		•		e organization's missi	on or most sig	nificant activities				
		•		_	_	ORATION IN FIELDS	OF PURE SC	IENCE AND I	HIGH	SCHOLARSHIP TO
				GREE THAT THE FAC	CILITIES OF T	HE INSTITUTION/TH	E ABILITY OF	THE FACUL	TY A	ND STUDENTS WILL
<u>త</u>		PERMIT	'							
函										
들										
Governance	2	Chackt	his hov 🍽	- if the organization d	is continued its	operations or disposed	l of more than	25% of its no	at acc	ats
	3		,			VI, line 1a)				31
ري ش			=	_					_	
Ě	4					ng body (Part VI, line 1	D)	•		
Activities &	5			nployees (Part V, line						
q,	6			lunteers (estimate if i 						
						, column (C), line 12			_	-821,446
	Ь	Net unre	elated busi	ness taxable income	Trom Form 990	-1, line 34			7b	-925,161
	l _						Pric	or Year	+-	Current Year
a)	8			d grants (Part VIII, lii				21,018,114	_	29,886,577
Ě	9							4,815,473	+	4,865,176
Ravenue	10					, and 7d)		-546,258	3	4,960,386
ш.	11		-	art VIII, column (A),				С	<u> </u>	0
	12					art VIII, column (A), lır	e	25,287,329	,	39,712,139
	13			ar amounts paid (Part		, lines 1–3)		9,320,776	+	11,705,327
	14			or for members (Part I					+	0
	15					t IX, column (A), lines	5-		+	
&	13	10)	s, other ce	impensation, employe		28,219,297	,	31,304,807		
8	16a	Profess	sional fund	raising fees (Part IX,	column (A), lın	e 11e)		84,292	2	0
Expenses	ь	Total fun	ndraising exp	enses (Part IX, column (D)), line 25) 1 ,274				_	
ш	17				· -	, 11f-24f)		17,215,620	<u>, </u>	18,746,468
	18	Total e	xpenses A	Add lines 13-17 (mus	st equal Part I)	(, column (A), line 25)		54,839,985	+	61,756,602
	19		•	enses Subtract line	•			-29,552,656	;	-22,044,463
<u>~~~</u>			<u> </u>				Beginnin	g of Current		
ěğ.							_	Year		End of Year
84. 84.	20	Total a	ssets (Par	t X, line 16)				610,180,384	1	656,458,901
Not Assets or Fund Balances	21	Total lı	abilities (F	Part X, line 26)				94,726,089		103,285,448
之里	22	Netass	sets or fun	d balances Subtract	line 21 from lir	e 20		515,454,295	5	553,173,453
Pa	rt II	Signa	ature Blo	ock						
						turn, including accompanying				
		and belie	ef, it is true, o	correct, and complete Dec	claration of prepare	er (other than officer) is base	ed on all informat	tion of which pre	parer h	nas any knowledge
Sigr	1	****	**				2011	0F 12		
Here			***** Signature of officer Date							
		1000	MACTEN AC	CICTANT TREACHRED						
			or print nam	SISTANT TREASURER e and title						
		<u> </u>	<u>.</u>			Date	Check If	Preparer's ide	antify	a number
י י-ם		Preparer's signature					self-	(see instruction		y number
Paid		-	<u> </u>				empolyed 🕨 🦵			
•	arer's Only	Firm's na	me (or yours	KPMG LLP				EIN Þ		
Use	Only		and ZIP + 4	345 Park Avenue						
_		<u>L</u>		New York, NY 10154	10102			Phone no 🕨	(212)	758-9700
Мау	the IR	S discus	s this retu			see instructions)			<u> </u>	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE SCHEDULE O

2			ant program services during the ye		┌ Yes ┌ No
	If "Yes," describe	these new services on So	chedule O		
3		ion cease conducting, or r	nake significant changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3	3) and 501(c)(4) organizat	s for each of the organization's thr ions and section 4947(a)(1) trust nd revenue, if any, for each progra	s are required to report the am	• •
4a	(Code) (Expenses \$	44,883,657 including grants of \$	11,705,327) (Revenue \$	4,865,176)
	THE INSTITUTE FO		OF THE SCHOOL OF HISTORICAL STUDIES		
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program :	services (Describe in Sch	edule O)		
	(Expenses \$	ıncl	uding grants of\$) (Revenue \$)
4e	Total program s	ervice expenses►\$	44,883,657		

Part TV	Checklist	t of De	auired	Schadule	_
anu w	CHECKIIS	L UI KE	uuneu	Scheuule	33

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		Νο
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 1? 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	Yes	
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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	Yes	
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
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		No
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
--------	------------	-----------	----------	---------------	-----	------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 11 15 16 17 18 19 19 10 10 11 11 11 11 11 11			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	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	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-	Yes	
h	return?	3a 3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ, VI, CA, BD, NT, BF See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N c
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
3	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
а	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)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

EINSTEIN DRIVE PRINCETON,NJ 08540 (609)734-8208

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				
	teron 711 00 vorming body and Hamagement			Yes	No
		Г			
1a	Enter the number of voting members of the governing body 1a	31			
b	Enter the number of voting members that are independent 1b	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?	p with any	2		No
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other pe		3		No
4	Did the organization make any significant changes to its organizational documents since the prior For filed?	F	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets	. 2	5		No
6	Does the organization have members or stockholders?	· · ·	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem	nbers of the	7a		
ь	governing body?	ons?	7a 7b		No No
8	Did the organization contemporaneously document the meetings held or written actions undertaken di	F	/D		N O
	year by the following	aring the	_		
a	The governing body?		8a	Yes	
b	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 recordanization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νο
	ection B. Policies (This Section B requests information about policies not required by the	: Internal			
ке	evenue Code.)			Yes	N _a
10-	Describe averagement on have local about on humania and office to 2	ſ	10a	res	No No
	Does the organization have local chapters, branches, or affiliates?	hontors	IUa		IN O
	If "Yes," does the organization have written policies and procedures governing the activities of such c affiliates, and branches to ensure their operations are consistent with those of the organization? .		10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fili	ng the form?	11	Yes	
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 couto conflicts?	ıld gıve rıse	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "describe in Schedule O how this is done"	Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14		No
15	Did the process for determining compensation of the following persons include a review and approval l	by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official	1 decision?	15a	Yes	
	Other officers or key employees of the organization		15a	Yes	
•	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	•	130	163	
	,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?		16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu				
	organization's exempt status with respect to such arrangements?		16b		
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you make these available. Check all that apply				
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co interest policy, and financial statements available to the public See Additional Data Table	nflict of			
20	State the name, physical address, and telephone number of the person who possesses the books and	records of th	e orda	nization	ı ▶ -
	MARY J MAZZA CONTROLLER	. 500,40 01 01	_ J.ya		

Part VIII 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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Highest compensated imployee Key employee Officer Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 in reportable compensation from the organization▶46

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
STEVENS AND LEE 100 LENOX DRIVE SUITE 200 PRINCETON, NJ 08540	LEGAL SERVICES	314,789
PJM MECHANICAL CONTRACTORS INC 1688 FIFTH STREET EWING, NJ 08638	MECHANICAL	255,567
KPMG LLP 301 CARNEGIE CENTER SUITE 402 PRINCETON, NJ 085406227	AUDITING	141,000
ALBOURNE AMERICA LLC 655 MONTGOMERY STREET SUITE 1910 San Francisco, CA 94111	CONSULTING	240,000
MASSIMINO BUILDING CORPORATION 131 SOUTH SYCAMORE STREET NEWTOWN, PA 18940	GENERAL CONTRACTORS	138,361
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►9	who received more than	

Page 8

664,500

Form 9								Page 9
Part \	/1111	Statement of	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
nts ots	1a	Federated cam	paigns 1a					
ğ o	ь	Membership du	es 1b					
ું સ	c	Fundraising eve	ents 1c					
<u>≅</u> ,⊒	d		rations 1d					
ans,	e	Government grants		7,905,853				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	21,980,724				
	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	29,886,577			
				Business Code				
ang.	2a	AUXILIARY SERVIC	ES	532,000	4,865,176	4,865,176		
- Be	ь							
- G	c							
<u> </u>	d							
<u> </u>	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		4,865,176			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest				
			aramounts)		577,746		-821,446	1,399,192
	4		tment of tax-exempt bond p	oroceeds •	0			
	5	Royalties	(ı) Real	(II) Personal	o o			
	6a	Gross Rents	(I) Keal	(II) I elsolidi				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	l me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	567,497,630	1,822,338				
	ь	than inventory Less cost or other basis and sales expenses	563,464,557	1,472,771				
	c	Gaın or (loss)	4,033,073	349,567				
	d		s)		4,382,640			4,382,640
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)					
the	ь		penses b					
J	c 9a		loss) from fundraising	events F	0			
	3a	See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities►	0			
	10a	Gross sales of returns and allo	owances .					
	b c	Net income or (a oods sold b (loss) from sales of inve		0			
	11-	Miscellaneous	s Revenue	Business Code				
	11a b							
	c d	All other reven	ue					
		Total. Add lines			_			
				► .	0			
	12	Total revenue.	See Instructions	• • •	39,712,139	4,865,176	-821,446	5,781,832 Form 990 (2009)

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
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	·		· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,384,257	9,384,257						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,321,070	2,321,070						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	1,060,000	121,250	683,750	255,000				
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							
7	Other salaries and wages	18,725,228	11,922,429	6,194,040	608,759				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,065,538	1,557,752	451,130	56,656				
9	Other employee benefits	8,362,528	6,878,266	1,363,692	120,570				
10	Payroll taxes	1,091,513	823,179	238,395	29,939				
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	302,652		302,652					
c	Accounting	168,778		168,778					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	1,996,337		1,996,337					
g	Other	1,194,198	541,238	645,187	7,773				
12	Advertising and promotion	0							
13	Office expenses	1,043,449	329,823	682,350	31,276				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	2,003,812	1,807,038	196,774					
17	Travel	1,974,319	1,875,269	86,563	12,487				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	1,383,058	522,711	761,495	98,852				
20	Interest	2,018,866	1,957,742	61,124					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	4,058,996	3,647,379	411,617					
23	Insurance	306,281		306,281					
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	BOOKS AND PERIODICALS	634,327	622,695	8,134	3,498				
b	COMPUTING	896,320	371,195	506,562	18,563				
с	DUES AND MEMBERSHIPS	30,230	8,874	18,781	2,575				
d	EMPLOYEE WELFARE	54,621	4,292	50,007	322				
е	RECRUITING	28,307	11,918	16,389					
f	All other expenses	651,917	175,280	448,160	28,477				
25	Total functional expenses. Add lines 1 through 24f	61,756,602	44,883,657	15,598,198	1,274,747				
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 campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing	ı		312,162	1	45,341	
	2	Savings and temporary cash investments	8,587,408	2	14,094,606			
	3	Pledges and grants receivable, net	5,154,582	3	6,346,365			
	4	Accounts receivable, net			1,059,363	4	585,413	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and				
		Schedule L			1,902,399	5	1,852,688	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and				
		Schedule L				6		
e	7	Notes and loans receivable, net				7		
spess	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			497,935	9	635,161	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	123,135,981				
	ь	Less accumulated depreciation	10b	62,944,371	60,693,542	10c	60,191,610	
	11	Investments—publicly traded securities			53,873,642	11	54,410,621	
	12	Investments—other securities See Part IV, line 11	468,295,461	12	507,613,234			
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			9,803,890	15	10,683,862	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			610,180,384	16	656,458,901	
	17	Accounts payable and accrued expenses .			7,560,855	17	7,455,400	
	18	Grants payable		18				
	19	Deferred revenue	red revenue					
	20	Tax-exempt bond liabilities	60,064,009	20	57,475,994			
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,					
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			557,724	23	492,767	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			26,543,501	25	37,861,287	
	26	Total liabilities. Add lines 17 through 25			94,726,089	26	103,285,448	
بې		Organizations that follow SFAS 117, check here \blacktriangleright $\boxed{\checkmark}$ and comp	plet e l	lines 27				
Fund Balance		through 29, and lines 33 and 34.						
<u> </u>	27	Unrestricted net assets			322,590,494		346,689,111	
ă	28	Temporarily restricted net assets			114,834,907	28	125,676,785	
Ē	29	Permanently restricted net assets		78,028,894	29	80,807,557		
Œ		Organizations that do not follow SFAS 117, check here ► a	nd con	nplet e				
or	20	lines 30 through 34.				30		
Assets	30 31	Capital stock or trust principal, or current funds				31		
15.5	31	Retained earnings, endowment, accumulated income, or other fu				32		
	33	Total net assets or fund balances	anus		515,454,295	33	553,173,453	
Net								
l	34	Total liabilities and net assets/fund balances	610,180,384	34	656,458,901			

			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		Νo
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			
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	Yes	
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	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

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.

Name of the organization INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

21-0634988 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The	rganı	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 thro	ugh 11, check	only one bo	x)				
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches	section 170(b)(1)(A)(i).					
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)						
3	\sqcap	A hospı	tal or a coop	perative hospital serv	vice organiza	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ			organization operate y, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ente	rthe	
5	Г	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ity owned or o	perated by a	a governmenta	al unit	describe	_ ed in	
	•	_	•	A)(iv). (Complete Pa	=			, , .	. .				
6	Г			local government or		al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).				
7		An orga describ	nızatıon tha ed ın	t normally receives a	a substantia					om the	general	public	:
	_			A)(vi) (Complete Pa			manulaka Dauk II						
8	<u> </u>			described in section							. .		
9	ı			t normally receives									SS
				ties related to its ex	•	_							
				ss investment incom anization after June 3						ax) IIO	ili busili	esses	
10	_			anized and operated	•			•	•				
11	<u>'</u>	_	_	anized and operated	•		•			carry	out the	nurno	os of
e f g	Γ	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a											
			g persons?										
				ectly or indirectly co	•		-	persons des	cribed in (ii)			Yes	No
				governing body of the			ation?				11g(i)		<u> </u>
		• •	•	r of a person describ	• •						11g(ii)		<u> </u>
				ed entity of a person							11g(iii)		<u></u>
h		Provide	the followin	g information about t	ne supporte	d organizat	tion(s)						
(i) Name suppo organiz		e of rted	d EIN lines 1 - 9 above		Is the organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount o support?	
				(see instructions))	Yes	No	Yes	No	Yes	N	lo	1	
Tota													

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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			<u> </u>	1	T	ı
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						
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning 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						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493133038021

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

b Assets included in Form 990, Part X

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

Employer identification number 21-0634988

	ation answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and	other accou	nts
Total number a	t end of year					
Aggregate conf	ributions to (during year)					
Aggregate grar	ts from (during year)					
Aggregate valu	e at end of year					
		isors in writing that the assets held in o organization's exclusive legal control?		sed	☐ Yes	┌ No
used only for c		donor advisors in writing that grant fur nefit of the donor or donor advisor, or fo			☐ Yes	∏ No
rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes	" to Forn	n 990, Part I'	V, line 7.	
Preservati Protection Preservati	of natural habitat on of open space	rganization (check all that apply) ion or pleasure) Preservation of Preservation of	f a certifie	d historic struc		a
•	ne last day of the tax year					
				Held at the	End of the	Year
Total number o	f conservation easements		2a			
Total acreage	restricted by conservation easements		2b			
	servation easements on a certified his	• •	2c			
Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
Number of con	servation easements modified, transfe	erred, released, extinguished, or termin	ated by th	ie organization	during	
the taxable yea	ar ⊫					
Number of stat	es where property subject to conserv	ation easement is located 🛌				
Does the organ		g the periodic monitoring, inspection, h	andling of	violations, and	d	┌ No
Staff and volur	teer hours devoted to monitoring, ins	pecting and enforcing conservation eas	sements d	uring the year	-	
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	ents during	g the year ► \$		
	servation easement reported on line 2 and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of	section		☐ Yes	┌ No
balance sheet,		onservation easements in its revenue a the footnote to the organization's financ ments				
		ons of Art, Historical Treasure "Yes" to Form 990, Part IV, line 8.		her Similar	Assets.	
art, historical t	reasures, or other similar assets held	5 116, not to report in its revenue state for public exhibition, education or rese nancial statements that describes thes	earch in fu			e,
	·	116, to report in its revenue stateme public exhibition, education, or researc			•	
historical treas	owing amounts relating to these items					
historical treas provide the foll		5		► \$		
historical treas provide the foll (i) Revenues i	owing amounts relating to these items ncluded in Form 990, Part VIII, line 1	5			2	03,50
historical treas provide the foll (i) Revenues i (ii) Assets inc If the organiza	owing amounts relating to these items ncluded in Form 990, Part VIII, line 1 uded in Form 990, Part X	s orical treasures, or other similar asset	s for finan	► \$	2 Ide the	03,508

Cat No 52283D

Schedule D (Form 990) 2009

Par	411 Organizations Maintaining Co	ollections of Art	, His	torica	<u>I Treas</u>	sures, or C	<u> </u>	<u>er Similar As</u>	sets	(conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follow	ing that a	are a sıgnıfıc	ant u	ise of its collec	tion		
а	Public exhibition		d	▽ Lo	oan or ex	change prog	rams	;			
ь	Scholarly research		e	Го	ther						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they fu	ırther the	e organizatioi	n's ex	xempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					┌ Yes	I→	No
Pai	t IV Escrow and Custodial Arrang					on answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		-	•							
la	Is the organization an agent, trustee, custod included on Form 990, Part X?		-			s or other as:	sets	not	┌ Yes	Γ	No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ung tabl	е	г		T			
						-		An	nount		
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
е	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						┌ Yes	Г	No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete								(-)Fau	- V	. Do ale
.a	Beginning of year balance	(a)Current Year 513,697,301	(E	Prior Yea 652,37		:) I wo Years Bac	:к (а	I)Three Years Back	(e) Fou	r Years	з васк
.a b	Contributions	3,067,916			8,555						
c	Investment earnings or losses	63,111,223		-114,03	-						
d	Grants or scholarships	, ,			,						
e	Other expenditures for facilities	28,606,894		31,79	91,770					-	
_	and programs										
f	Administrative expenses										
g	End of year balance	551,269,546		513,69	7,301						
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	62.870 %									
b	Permanent endowment F 14.658 %										
c	Term endowment ► 22.472 %										
За	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that are	held and	admınıstere	d for	the	_		
	organization by							2-4	Ye	-	lo_
	(i) unrelated organizations						•	3a(_	10
ь	(ii) related organizations						٠.	3		+"	-
į	Describe in Part XIV the intended uses of th						•				—
aı	t VI Investments—Land, Building					Part X, line	10.				
	Description of investment				st or other ovestment)			(c) Accumulated depreciation	(d)	Book	value
la	Land					37	7,470			3.	77,470
b	Buildings					91,713		39,420,28	5		92,784
c	Leasehold improvements										
d	Equipment					25,75	7,852	22,589,79	1	3,10	68,061
e	Other					5,28	7,591	934,29	6	4,3	53,295

60,191,610

Part VIII Investments—Other Securities. See F	orm 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		·
Closely-held equity interests		
Other LIMITED PARTNERSHIPS	71,778,972	
HEDGE AND OFFSHORE FUNDS	430,834,262	
CASH EQUIVALENT-INV IN TRANSIT	5,000,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	507,613,234	
Part VIII Investments—Program Related. See		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		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, line	e 15.	
(a) Descript	ion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
REFUNDABLE ADVANCES	15,474,995	
SPLIT-INTEREST AGREEMENTS	2,234,409	
POSTRETIREMENT BENEFIT OBLIG	14,582,000	
ASSET RETIREMENT OBLIGATION	940,283	
BOND SWAP LIABILITY	4,629,600	
+		
+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	37,861,287	
, , , , , , , , , , , , , , , , , , , ,	3,,001,201	

Sche	dule D (Form 990) 2009		Page 4
Pai	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,712,139
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,756,602
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-22,044,463
4	Net unrealized gains (losses) on investments	4	60,878,854
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,115,233
9	Total adjustments (net) Add lines 4 - 8	9	59,763,621
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,719,158
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	97,479,423
2	A mounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	59,763,621
3	Subtract line 2e from line 1	3	37,715,802
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,996,337		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,996,337
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	39,712,139
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	59,760,265
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	59,760,265
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 1,996,337		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,996,337
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	61,756,602
Pai	t 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

Ident if ier	Return Reference	Explanation
RARE BOOK COLLECTION	SCHEDULE D, PART III, LINE 1A	THE INSTITUTE HOLDS A COLLECTION OF RARE BOOKS USED TO FURTHER SCHOLARLY RESEARCH, IN ACCORDANCE WITH THE MISSION STATEMENT THE RARE BOOK COLLECTION IS INCLUDED IN THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS THE INSTITUTE ALSO OWNS NUMEROUS INDEPENDENT PIECES OF ART, PRIMARILY SCULPTURES, WHICH ARE DISPLAYED ON CAMPUS AND DOES OCCASIONALLY DISPLAY PRINTS, TAPESTRIES AND HISTORICAL ARTIFACTS WHICH ARE ON LOAN
ENDOWMENT FUND	SCHEDULE D, PART V	THE INSTITUTE'S ENDOWMENT FUNDS ARE USED TO PROVIDE A SOURCE OF ONGOING SUPPORT FOR ITS EXEMPT PURPOSES
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X	IN 2008, THE INSTITUTE ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARD BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORELIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURES THERE WAS NO SIGNIFICANT IMPACT ON THE INSTITUTE'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN FAIR VALUE OF BOND SWAP LIABILITY (1,115,233)
OTHER REVENUE INCLUDED IN AUDITED FINANCIAL STATEMENTS BUT NOT IN FORM 990	SCHEDULE D, PART XII, LINE 2D	CHANGE IN FAIR VALUE OF BOND SWAP LIABILITY (1,115,233)

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

INSTITUTE FOR ADVANCED STUDY -

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

LOUI	S BAMBERGER & MRS FELIX FULD FOUNDATION 21-0634	4988		
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charte other governing instrument, or in a resolution of its governing body?	er, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all it brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast med the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe If	a way "No,"		
	please explain ADVERTISEMENTS ARE PUBLISHED IN EDUCATIONAL CHRONICLES AND JOURNALS NOTICES A POSTED AT COLLEGES AND UNIVERSITIES	RE ALSO	Yes	
4	Does the organization maintain the following?			
;	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
١	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscr basis?	iminatory 4b	Yes	
(Copies of all catalogues, brochures, announcements, and other written communications to the public deal with student admissions, programs, and scholarships?	ling 4c	Yes	
,	d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?	5a		No
I	b Admissions policies?	5b		Νo
(c Employment of faculty or administrative staff?	5c		Νo
•	d Scholarships or other financial assistance?	5d		No
•	e Educational policies?	<u>5e</u>		Νo
1	f Use of facilities?	5f	-	No
,	g Athletic programs?	5 <u>g</u>		No
١	h Other extracurricular activities? If you answered "Yes" to any ofthe above, please explain If you need more space, use Schedule O (Form	5h	<u> </u> 	No
	Does the organization receive any financial aid or assistance from a governmental agency? B Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	I		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O 990)) (Form 7	Yes	

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DLN: 93493133038021

OMB No 1545-0047

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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

SCHEDULE F

(Form 990)

Name of the organization INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION **Employer identification number**

21-0634988

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

		(1 01111 3 3 0) 11 aac	illional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Scholar Collaboration	590
East Asia and the Pacific	0	0	Program Services	Scholar Collaboration	4,952
Europe (Including Iceland and Greenland)	0	0	Program Services	Scholar Collaboration	118,670
Europe (Including Iceland and Greenland)	0	0	Grantmakıng		148,087
Middle East and North Africa	0	0	Program Services	Scholar Collaboration	5,630
North America	0	0	Program Services	Scholar Collaboration	9,698
South America	0	0	Program Services	Scholar Collaboration	845
South America	0	0	Grantmakıng		52,558
South Asia	0	0	Program Services	Scholar Collaboration	2,925
Sub-Saharan Africa	0	0	Program Services	Conferences/Meetings	123,140
Sub-Saharan Africa	0	0	Grantmakıng		2,120,425
Central America and the Caribbean	0	0	Investments		
North America	0	0	Investments		
Europe (Including Iceland and Greenland)	0	0	Investments		
					_
	0	0			2,587,520

(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)
		Europe/Iceland/Greenland	STIPEND	55,004	WIRE		N/A	N/A
		Europe/Iceland/Greenland		25,035	WIRE		N/A	N/A
		Sub-Saharan Africa	SALARY	24,528	WIRE		N/A	N/A
		Europe/Iceland/Greenland	STIPEND	40,010	WIRE		N/A	N/A
		South America	ADMINISTRATIVE	52,558	WIRE		N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	424,085	WIRE		N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	424,085	WIRE		N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	400,050	WIRE		N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	424,085	WIRE		N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	424,085	WIRE		N/A	N/A
		Sub-Saharan A frica	EDUCATIONAL	24,035	WIRE		N/A	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 assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

	provide the information required	ın Part I, line 2, and any additional information.
Identifier MONITORING THE USE OF GRANT FUNDS	ReturnReference SCHEDULE F, PART I	Explanation THE INSTITUTE FOR ADVANCED STUDY'S GRANTS ARE AWARDED BY THE SCIENCE INITIATIVE GROUP (SIG), AN INTERNATIONAL TEAM OF SCIENTIFIC LEADERS AND SUPPORTERS DEDICATED TO FOSTERING SCIENCE IN DEVELOPING COUNTRIES THAT IS BASED AT THE INSTITUTE SINCE 2008, SIG'S ATTENTION HAS BEEN DEVOTED PRIMARILY TO DEVELOPMENT AND IMPLEMENTATION OF THE CARNEGIE-IAS REGIONAL INITIATIVE IN SCIENCE AND EDUCATION (RISE) RISE AIMS TO STRENGTHEN HIGHER EDUCATION (RISE) RISE AIMS TO STRENGTHEN HIGHER EDUCATION IN SUB- SAHARAN AFRICA BY INCREASING THE POPULATION OF QUALIFIED FACULTY TEACHING IN AFRICA'S UNIVERSITIES RISE PREPARES PHD - AND MSC-LEVEL SCIENTISTS AND ENGINEERS THROUGH UNIVERSITY- BASED RESEARCH AND TRAINING NETWORKS IN SELECTED DISCIPLINES ITS PRIMARY EMPHASES ARE ON PREPARING NEW FACULTY TO TEACH IN AFRICAN UNIVERSITIES AND ON UPGRADING THE QUALIFICATIONS OF CURRENT FACULTY RISE NETWORKS PROVIDE COMPREHENSIVE GRADUATE TRAINING PROGRAMS, WHERE STUDENTS AND FACULTY SEEKING ADVANCED DEGREES CAN TAKE ADVANTAGE OF THE COMPLEMENTARY INSTRUCTION AND RESEARCH OPPORTUNITIES AVAILABLE AT EACH INSTITUTION WITHIN THE NETWORK NETWORKS ALSO ENABLE RESEARCHERS FROM MULTIPLE UNIVERSITIES AS WELL, AS EACH GAINS CAPACITY THROUGH AFFILIATION MITH THE OTHERS RISE IS SUPPORTED BY GRANTS FROM CARNEGIE CORPORATION OF NEW YORK SIG IS LEADING THE RISE INITIATIVE IN PARTINERSHIP WITH THE NAIROBI THE RISE INITIATIVE IN PARTINERSHIP WITH THE NAIROBI THE RISE INITIATIVE IN PARTINERSHIP FOR HIGHER EDUCATION, THE WILLIAM AND FLORA HEWLET FOUNDATION, THE WILLIAM AND FLORA HEWLET FOUNDATION, THE WILLIAM AND FLORA HEWLET FOUNDATION, THE WILLIAM AND FORMED TO FINE US FOUNDATION, THE WILLIAM AND FORMED TO FREE SELECTION ON THE ROSESE OF COMPRESED TO FRENDS OF DEMOCRATICATION, PUBLIC POLICY REFORM AND THE HI

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Schedule I

(Form 990)

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

Department of the Treasury nternal Revenue Service		omplete ii the organizati	Attach to Form 9	990	22 0. 22.		Open to Public Inspection
lame of the organization						Employer identific	cation number
NSTITUTE FOR ADVANCED OUIS BAMBERGER & MRS F		ION				21-0634988	
Part I General Infor						•	
 Does the organization m the selection criteria use Describe in Part IV the 	ed to award the grants	or assistance?					Г Yes Г I
Part II Grants and Or Form 990, Part	ther Assistance to IV, line 21 for any	o Governments and recipient that receive 00) if additional space	l Organizations in d more than \$5,000	the United States . Check this box if n	o one recipient receiv	ed more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ction 501(c)(3) and a	overnment organizations					•
3 Enter total number of otl							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FELLOWSHIP GRANTS TO MEMBERS	200	9,384,257	0	N/A	N/A
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
GRANTS WITHIN U S	SCHEDULE I, PART I	EACH YEAR, THE INSTITUTE FOR ADVANCED STUDY SELECTS APPROXIMATELY 190 MEMBERS FROM AN AVERAGE OF MORE THAN 1,500 APPLICANTS MEMBERS ARE SELECTED BY THE FACULTY OF EACH SCHOOL, AND COME TO THE INSTITUTE FOR PERIODS AS SHORT AS ONE TERM OR AS LONG AS SEVERAL YEARS YOUNG SCHOLARS AND APPLICANTS FROM NON-TRADITIONAL BACKGROUNDS WHO HAVE OUTSTANDING PROMISE ARE CONSIDERED, AS ARE SENIOR SCHOLARS WHOSE REPUTATIONS ARE ALREADY WELL ESTABLISHED THE MAJOR CONSIDERATION IN THE APPOINTMENT PROCESS IS THE EXPECTATION THAT EACH MEMBER'S PERIOD OF RESIDENCE AT THE INSTITUTE WILL RESULT IN WORK OF SIGNIFICANCE AND ORIGINALITY MANY MEMBERS PURSUE RESEARCH RELATED TO THE SPECIAL INTERESTS OF ONE OR MORE OF THE FACULTY IN OTHER INSTANCES, THE RESEARCH OF MEMBERS IS IN AREAS NOT CURRENTLY REPRESENTED BY A MEMBER OF THE FACULTY APPLICATIONS MUST BE SUBMITTED DURING THE ACADEMIC YEAR PRECEDING THE YEAR OF MEMBERSHIP APPLICATION MATERIALS AND GUIDELINES ARE AVAILABLE FROM EACH OF THE FOUR SCHOOLS ON OUR WEB SITE SCHOOL OF HISTORICAL STUDIES, SCHOOL OF MATHEMATICS, SCHOOL OF NATURAL SCIENCES, AND SCHOOL OF SOCIAL SCIENCE THE INSTITUTE'S WEBSITE ALSO CONTAINS INFORMATION ON THE INSTITUTE'S SPECIAL PROGRAMS, INCLUDING PROGRAM FOR WOMEN AND MATHEMATICS, INSTITUTE FOR ADVANCED STUDY/PARK CITY MATHEMATICS INSTITUTE, AND PROSPECTS IN THEORETICAL PHYSICS
		·

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Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INSTITUTE FOR ADVANCED STUDY -

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

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION 21-0634988 Part I Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Yes 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PHILLIP A GRIFFITHS	(I) (II)	336,271 0	_	14,016 0	38,813 0	12,512 0	401,612 0	
JOHN MASTEN	(I) (II)	309,716 0	0	3,406 0	56,551 0	28,770 0	398,443 0	
GEORGE MICHAEL GEHRET	(ı) (ıı)	248,579 0	0	3,138 0	56,551 0	20,631	328,899 0	
ASHVIN CHHABRA	(ı) (ıı)	315,196 0	200,000	508 0	1	28,770 0	595,525 0	
STEPHEN ADLER	(ı) (ıı)	332,842 0	0 0	5,532 0	56,551 0	15,372 0	410,297	
NIMA ARKANI-HAMED	(I) (II)	332,690 0	0	428 0	34,551 0	15,977 0	383,646 0	
RO BERT MACPHERSO N	(I) (II)	332,778 0	0	10,524 0	56,551 0	15,977 0	415,830 0	
NATHAN SEIBERG	(I) (II)	332,018 0	0	1,002	73,051 0	20,693 0	426,764 0	
PETER GODDARD	(I) (II)	479,579 0	0	28,342 0	·	17,631 0	598,603 0	
	'		<u> </u>					
		+						
	'		<u> </u>					
	'		1					

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	Ret urn Ref erence	Explanation
	1	TWO INVESTMENT OFFICE EMPLOYEES RECEIVE INCENTIVE COMPENSATION BASED ON THEIR INDIVIDUAL JOB PERFORMANCE AND ON THE RELATIVE PERFORMANCE OF THE INSTITUTE'S ENDOWMENT COMPARED WITH MARKET INDICES AND MARKET COMPARISON GROUPS
	PART I, LINE 1	THE INSTITUTE OWNS A RESIDENCE IMMEDIATELY ADJACENT TO THE CAMPUS WHERE IT REQUIRES THE DIRECTOR TO RESIDE THE INSTITUTE PROVIDES MAINTENANCE AND HOUSE-KEEPING SERVICES FOR THE PROPERTY THE INSTITUTE TREATS SUCH HOUSING AS NON-TAXABLE HOUSING PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER UNDER INTERNAL REVENUE CODE SECTION 119 THE VALUE OF THE HOUSING IS INCLUDED IN THE DIRECTOR'S NON-TAXABLE BENEFITS IN COLUMN DOF SCHEDULE JOTHE DIRECTOR ALSO RECEIVES SOME PERSONAL AND COMPANION TRAVEL, AN AUTOMOBILE, AND PROFESSIONAL FINANCIAL PLANNING SERVICES, ALL OF WHICH ARE TREATED AS TAXABLE AND INCLUDED IN HIS FORM W-2 AMOUNTS ABOVE

Schedule J (Form 990) 2009

DLN: 93493133038021

OMB No 1545-0047

2009

Open to Public

Inspection

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ★ Attach to Form 990.
 ★ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

Employer identification number

inprojer racintineation ne

INSTITUTE FOR ADVANCED STUDY LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

21-0634988

	15 DA M DERGER & MRS FELIX FUL	DFOUNDATION													_
Pa	rt I Bond Issues	1	Т					T							_
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	(d) Date Issued		e Price	(f) Description of Purpose		urpose	(g) Defeased		Beha	On alf of suer	
											Yes	No	Yes	No	
A	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES B	22-1829511	64605LQ92	07-19-	-2006	29,6	600,000	ADVANCE R SCHEDULE		i - SEE		×		x	
В	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES C	22-1829511	60605L7Q5	03-15-	-2007	20,0	000,000	CAPITAL IM	1PROVEME	NTS		х		х	
c _	EDU FAC AUTH IAS ISSUE 22-1829511 646065PY2		04-17-2008				CURRENT REFUNDING SCHEDULE O		- SEE		×		х		
Pa	rt III Proceeds	•						•			II.			•	_
			A	١	I	В	(С	D			E			
1					32,214,439 20,814,743		3 1	1,885,689							
2	Gross proceeds in reserve funds														
3	Proceeds in refunding or defeasa	nce escrows													_
4	4 Other unspent proceeds				4,194,968		4,194,96	8							_
5	Issuance costs from proceeds				473,908		266,35	0	236,370						_
6	Working capital expenditures from	n proceeds													_
7	Capital expenditures from procee	eds		16,353,425 16,353,42		:5							_		
8	Year of substantial completion														_
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	:s	No	
9	Were the bonds issued as part of	a current refunding is	ssue?		Х		Х	Х							
10	Were the bonds issued as part of	an advance refunding	j issue?	Х			X		Х						_
11	Has the final allocation of procee	ds been made?		Х		Х		Х							_
12						Х		Х							_
Par	t III Private Business Use	;					•				•	•			
					A		В			[)		E		_
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	_
1	Was the organization a partner in which owned property financed by		ember of an LLC,												
2	Are there any lease arrangement which may result in private busin		financed property												
For F	Privacy Act and Panerwork Reduction A	Act Notice see the Inst	ructions for Form 990	,		Cat No. 5	50193E				Schedule	K (Form	990) 20	109	

Part IIII Private Business Use (Continued)

	1111vate Babilless ese (continued)				•	Ι .	•				_	-
			<u>a</u>	E	3	,			,		<u> </u>	_
		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?											
3b	Are there any research agreements with respect to the financed property which may result in private business use?											
3с	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?											
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											
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											
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?											
Par	t TV Arbitrage		•			•	•		•	•		

			A	!	В		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		x		х				
2	Is the bond issue a variable rate issue?	х		×			Х				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?				х		х				
ь	b Name of provider		SEE SCHEDULE O								
С	Term of hedge		21								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х				
ь	Name of provider										
С	Term of GIC										
d	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	5 Were any gross proceeds invested beyond an available temporary period?			х			х				
6	Did the bond issue qualify for an exception to rebate?		х		х		х				

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DLN: 93493133038021

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization INSTITUTE FOR ADVANCED STUDY - **Employer identification number**

LOUIS BAMBERGER & MRS FELIX FULD FO	JNDATIO	V					21	-06349	88		
Part I Excess Benefit Train Complete of the organization							organiz	ations	only).	40h	
-				11 990, 1	ait IV, illie 25a oi	250,	OI FUIIII S	990-62,	rait v, iiile		rrected
1 (a) Name of disq	ualıfıed	person			(b) Descr	iption	of trans a	ction			1
										Yes	No
2 Enter the amount of tax impos	ed on tl	ne orgai	nization mana	agers or	disqualified perso	ns dui	ring the y	ear unde	r		
section 4958								. •	· \$		
3 Enter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	ie organization .			. 🕨	- \$		
Part II Loans to and/or l											
Complete if the organiz	<u>zation a</u>	ns we re	d "Yes" on F	orm 990	, Part IV, line 26,	or For	m 990-E	Z, Part V	, line 38a		
	(b) Lo	an to						(f)			
a) Name of interested person and	or fro		(c)0 rigi	ınal) In	Appro		(g)Writte	
purpose	organiz		principal amount		(d)Balance due	d e fa	ult?	I -		agreemer	ıt?
parpose			-	mount				commit	1		
	То	From				Yes	No	Yes	No	Yes	No
MICHAEL GEHRET			_								
O RT GA GE		X	30	00,000	228,694		No	Yes		Yes	
ETER GODDARD		.,		75.000	742.563			,,		,,	
O RT GA GE	<u> </u>	Х	/	75,000	743,563		No	Yes		Yes	
HILLIP GRIFFITHS ORTGAGE		×	1	60,000	361,189		No	Yes		Yes	
ORIGAGE	\vdash		+	00,000	301,189		NO	1 65		163	
									+ +		
	<u> </u>								1		
								ļ			
otal	<u> </u>			▶ \$	1,333,446						
art IIII Grants or Assistar											
Complete if the orga	inizatio	n ansv	wered "Yes'	" on Fo	rm 990, Part IV,	line	27.				
(a) Name of interested pers	on	(b) Relationsh	ıp betwe	een interested pers	on	(c) 4 m	ount of a	rant or type	ofaccio	tanca
(a) Name of interested pers			an	d the or	ganızatıon		(C)AIII	Junit or g	Tant or type	01 03313	Lance
Part IV Business Transact	tions I	involv	ing Intore	setad	Dorcone						
Part IV Business Transact Complete if the orga						lına	282 281	or 20	C		
Complete if the Orga	IIIZaul				im 990, Fait IV,	11110	20a, 20l	, UI ZO	C.	1.3.61	
		_) Relationshi		(a) A						aring o
(a) Name of interested perso	n		ween interest erson and the		(c) A mount of		(d) Descr	ıptıon of	transaction		zation' nues?
			erson and the organization	-	transaction						1
		 '	organization			_				Yes	No
		1				_					
		ļ				_					

NonCash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

SCHEDULE M

Department of the Treasury

(Form 990)

Name of the organization **Employer identification number** INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION 21-0634988

Pa	rt I Types of Property							
		(a) Check If 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	аррпсавіе						
2								
3								
4								
-	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	289,954	FMV			
10	Securities—Closely held stock .			·				
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	530,315	A pprais al			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29	-	I	0
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	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	eriod?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif	tacceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e thırd part	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	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	Return Reference	Explanation
USE OF THIRD PARTIES		THE ORGANIZATION USES THIRD PARTY BROKERS TO SELL PUBLICLY TRADED SECURITIES RECEIVED AS DONATIONS

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 21-0634988

Name: INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

SCHEDULE 0

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Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493133038021

(Form 990) Department of the Treasury

INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Internal Revenue Service ► Attach to Form 990. **Employer identification number** Name of the organization

21-0634988 **Identifier** Return **Explanation** Reference ORGANIZATION'S FORM 990, THE INSTITUTE FOR ADVANCED STUDY (THE INSTITUTE) IS ONE OF THE WORLD'S LEADING CENTERS FOR MISSION PART III, THEORETICAL RESEARCH AND INTELLECTUAL INQUIRY THE INSTITUTE EXISTS TO ENCOURAGE AND LINE 1 SUPPORT FUNDAMENTAL RESEARCH IN THE SCIENCES AND HUMANITIES - THE ORIGINAL, OFTEN SPECULATIVE, THINKING THAT PRODUCES ADVANCES IN KNOWLEDGE THAT CHANGE THE WAY WE UNDERSTAND THE WORLD IT PROVIDES FOR THE MENTORING OF SCHOLARS BY FACULTY, AND IT OFFERS ALL WHO WORK THERE THE FREEDOM TO UNDERTAKE RESEARCH THAT WILL MAKE SIGNIFICANT CONTRIBUTIONS IN ANY OF THE BROAD RANGE OF FIELDS IN THE SCIENCES AND HUMANITIES STUDIED AT THE INSTITUTE THE INSTITUTE IS A PRIVATE, INDEPENDENT ACADEMIC INSTITUTION LOCATED IN PRINCETON, NEW JERSEY IT WAS FOUNDED IN 1930 BY PHILANTHROPISTS LOUIS BAMBERGER AND HIS SISTER CAROLINE BAMBERGER FULD, AND ESTABLISHED THROUGH THE VISION OF FOUNDING DIRECTOR ABRAHAM FLEXNER PAST FACULTY HAVE INCLUDED ALBERT EINSTEIN, WHO REMAINED AT THE INSTITUTE UNTIL HIS DEATH IN 1955, AND DISTINGUISHED SCIENTISTS AND SCHOLARS SUCH AS KURT GDEL, J ROBERT OPPENHEIMER, ERWIN PANOFSKY, HOMER A THOMPSON, JOHN VON NEUMANN, GEORGE KENNAN AND HERMANN WEYL

ldentifier	Return Reference	Explanation
SERVICE	FORM 990, PART III, LINE 4A	WORK AT THE INSTITUTE TAKES PLACE IN FOUR SCHOOLS HISTORICAL STUDIES, MATHEMATICS, NATURAL SCIENCES AND SOCIAL SCIENCE CURRENTLY, A PERMANENT FACULTY OF TWENTY-NINE EMINENT ACADEMICS GUIDES THE WORK OF THE SCHOOLS AND EACH YEAR AWARDS FELLOWSHIPS TO SOME 190 VISITING MEMBERS, FROM ABOUT ONE HUNDRED UNIVERSITIES AND RESEARCH INSTITUTIONS THROUGHOUT THE WORLD DR PETER GODDARD IS THE CURRENT DIRECTOR OF THE INSTITUTE THE INSTITUTE FOR ADVANCED STUDY IS DEDICATED TO THE DISINTERESTED PURSUIT OF KNOWLEDGE IN THE MORE THAN SEVENTY-FIVE YEARS SINCE ITS FOUNDING, THE WORK OF THE INSTITUTES ACCULTY AND MEMBERS HAS HAD PERMANENT IMPACT, IN BOTH INTELLECTUAL AND PRACTICAL TERMS AT THE BEGINNING OF COMPUTING, ONE OF THE FIRST STORED PROGRAM COMPUTERS WAS DESIGNED AND BUILT ON THE INSTITUTE'S CAMPUS, AND ITS STRUCTURE (VON NEUMANNA ARCHITECTURE) HAS INFLUENCED THE DEVELOPMENT OF TODAY'S COMPUTERS AND FORMED THE MATHEMATICAL BASIS FOR COMPUTER SOFTWARE THE FOUNDATIONS OF GAME THEORY, A POWERFUL TOOL IN ECONOMICS, WERE FORMED IN THE SCHOOL OF MATHEMATICS AT THE INSTITUTE, AND MICH OF THE BASIS OF MODERN THEORETICAL METEOROL GRY WAS LAID BY RESEARCH THERE RESEARCH IN THE SCHOOL OF NATURAL SCIENCES HAS GREATLY ADVANCED PARTICLE PHYSICS, INCLUDING STRING THEORY AND ASTROPHYSICS BASE RECH THE SCHOOL OF SOCIAL SCIENCE HAD WIDE STRING THEORY AND ASTROPHYSICS BESEARCH IN THE SCHOOL OF SOCIAL SCIENCE HAD WIDE STRING THE UNITED STATES THE INSTITUTE, AND WICH OT THE BASIS OF THE SCHOOL OF SOCIAL SCIENCE HAD WIDE STRING THEORY AND ASTROPHYSICS BASE RICH IN THE SCHOOL OF SOCIAL SCIENCE HAD WIDE STRING THEORY AND ASTROPHYSICS HAVE BEED AFFINITIONS OF FINE LUTTED STATES THE INSTITUTION TO THE ESTABLISHMENT OF ART HISTORY AS A DISCIPLINE IN THE UNITED STATES THE INSTITUTION TO THE ESTABLISHMENT OF ART HISTORY AS A DISCIPLINE IN THE UNITED STATES THE INSTITUTE HAD SUB-CLUAR AND SCIENTIFIC FORTY—FIGHT FIELDS MEDALISTS, AS WELL AS MANY WINNERS OF THE WOLF AND MACARTHY FOR THE STATES THE INSTITUTE BASIN OF FORMAL HINKS TO OTHER PREASE OF THE WO

ldentifier	Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, LINE 11A	THE RETURN IS PREPARED BY KPMG, THE INSTITUTE'S INDEPENDENT ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE INSTITUTE AND IN CONSULTATION WITH THE INSTITUTE'S STAFF THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY THE INSTITUTE'S MANAGEMENT AND STAFF CHANGES ARE MADE AS APPROPRIATE THE BOARD OF TRUSTEES OF THE INSTITUTE HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND DISCUSSES ANY RECOMMENDED CHANGES WITH MANAGEMENT OF THE INSTITUTE THE FINAL VERSION OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	PURSUANT TO THE BY LAWS, EACH TRUSTEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY WHICH COMMITS THEM TO DISCLOSING, IN THE COURSE OF THEIR PARTICIPATION IN DELIBERATIONS OF THE BOARD OF TRUSTEES OR ITS COMMITTEES, ANY CONFLICTS OF INTEREST WITH RESPECT TO MATTERS UNDER CONSIDERATION

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B	ALL STAFF POSITIONS THE INSTITUTE'S POLICY IS TO PAY REASONABLE COMPENSATION WITHIN THE MEANING OF SECTION 4958 TO ATTRACT AND RETAIN A HIGH CALIBER OF EMPLOYEES TO CARRY OUT ITS EDUCATIONAL MISSION THE INSTITUTE PERIODICALLY CONDUCTS A REVIEW TO DETERMINE REASONABLE COMPENSATION RANGES FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND SETS COMPENSATION WITHIN THE RANGE OF REASONABLE COMPENSATION NO INTERESTED PARTY IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION DIRECTOR AND ASSOCIATE DIRECTORS THE INSTITUTE PARTICIPATES IN A SURVEY OF TOP ADMINISTRATIVE POSITIONS AT SIMILAR INSTITUTIONS EVERY 24 MONTHS THIS SURVEY, CONDUCTED BY MERCER, REVIEWS CASH AND NON-CASH COMPENSATION BENEFITS AND TRENDS BASED ON THIS SURVEY DATA, THE ASSOCIATE DIRECTOR FOR FINANCE AND ADMINISTRATION, ALONG WITH THE HUMAN RESOURCES WANAGER, PREPARES A MEMO FOR THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WITH DATA FROM THE SURVEY AND, GENERALLY, A RANGE OF POSSIBLE RECOMMENDATIONS FOR THE SALARY ACTION FOR THE DIRECTOR FOR THE TWO ASSOCIATE DIRECTORS' SALARIES, THE DIRECTOR, ALONG WITH HUMAN RESOURCES MANAGER, PREPARES A MEMO FOR THE BOARD, A GAIN WITH DATA FOR COMPARABLE POSITIONS AT OTHER SIMILAR INSTITUTIONS AND THE DIRECTOR MAKES A RECOMMENDATION ON THE SALARY INCREASE FOR EACH OF THESE POSITIONS THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT PERSONS, REVIEWS THE RECOMMENDATION AND DETERMINES THE ACTION TO BE TAKEN THE COMMITTEE DOCUMENTS ITS DECISION ON ALL THREE POSITIONS AND DETERMINES THE ACTION TO BE TAKEN THE COMMITTEE DOCUMENTS ITS DECISION ON ALL THREE POSITIONS AND UNIVERSITIES THE SURVEY PROVIDES WAGES AND BENEFITS (INCLUDING INCENTIVE STRUCTURES) FOR KEY INVESTMENT OFFICE PERSONNEL AT INSTITUTION SWITH ENDOWMENTS COMPARABLE IN SIZE AND COMPLEXITY TO THE INSTITUTE S THE ASSOCIATE DIRECTOR FOR FINANCE AND ADMINISTRATION, IN CONSULTATION WITH THE DIRECTOR AND THE HUMAN RESOURCES MANAGER, PREPARES A SET OF RECOMMENDATIONS FOR REVIEW BY THE COMPENSATION COMMI

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 19	THE INSTITUTE DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Reference	Explanation
SCHEDULE G, PART I, LINE 3	PER A LETTER DATED JANUARY 23, 2004 FROM THE STATE OF NEW JERSEY, THE INSTITUTE HAS BEEN DEEMED EXEMPT FROM REGISTRATION, FILING, AND CERTAIN OTHER RECORD-KEEPING PROVISIONS OF THE CHARITABLE REGISTRATION & INVESTMENT ACT (N J S A 45 17A-18, ET SEQ) FOR THE FOLLOWING REASON 26(B) EDUCATIONAL ORGANIZATION

Identifie	Return Reference	Explanation
BONDS	SCHEDULE K, PART I	1 BOND ISSUE A, COLUMN (F) NJ EDU FAC AUTH IAS ISSUE 2006 SERIES B - THIS ISSUE ADVANCE REFUNDED A PORTION OF THE NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY BONDS, INSTITUTE FOR ADVANCED STUDY ISSUE 1997 SERIES G AND 2001 SERIES A 2 BOND ISSUE C, COLUMN (F) NJ EDU FAC AUTH IAS ISSUE 2008 SERIES C - THIS ISSUE CURRENTLY REFUNDED THE NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY BONDS, INSTITUTE FOR ADVANCED STUDY ISSUE 1997 SERIES F AND 1997 SERIES G

ldentifier	Return Reference	Explanation
DOCUMENT RETENTION POLICY	VI, LINE 14	THE INSTITUTE DID NOT HAVE A DOCUMENT RETENTION POLICY IN PLACE DURING THE JUNE 30, 2010 FISCAL YEAR COVERED BY THIS RETURN THE INSTITUTE HAS ADOPTED A DOCUMENT RETENTION POLICY DURING THE CURRENT FISCAL YEAR, JUNE 30, 2011, PRIOR TO FILING THIS RETURN

Software ID: Software Version:

EIN: 21-0634988

Name: INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARTIN L LEIBO WITZ PRESIDENT & VICE CHAIRMAN	2 0	Х		х				0	0	0
JAMES D WOLFENSOHN CHAIRMAN EMERITUS	2 0	Х						0	0	0
RICHARD B BLACK VICE CHAIRMAN OF THE BOARD	2 0	Х		х				0	0	0
CHARLES SIMONYI CHAIRMAN	2 0	Х		х				0	0	0
BRIAN F WRUBLE TREASURER	2 0	Х		х				0	0	0
NANCY S MACMILLAN SECRETARY	2 0	Х		х				0	0	0
JEFFREY P BEZOS TRUSTEE	1 0	Х						0	0	0
VICTORIA B BJORKLUND TRUSTEE	2 0	Х						0	0	0
CURTIS CALLAN TRUSTEE	1 0	Х						0	0	0
MARTIN A CHOOLJIAN TRUSTEE	1 0	Х						0	0	0
MARIO DRAGHI TRUSTEE	1 0	Х						0	0	0
ROGER W FERGUSON JR TRUSTEE	1 0	Х						0	0	0
VARTAN GREGORIAN TRUSTEE	2 0	Х						0	0	0
DAVID A HOLLINGER TRUSTEE	1 0	Х						0	0	0
PETER R KANN TRUSTEE	1 0	Х						0	0	0
FLORIAN LANGENSCHEIDT TRUSTEE	1 0	Х						0	0	0
SPIRO LATSIS TRUSTEE	1 0	Х						0	0	0
DAVID F MARQUARDT TRUSTEE	1 0	Х						0	0	0
NANCY B PERETSMAN TRUSTEE	2 0	Х						0	0	0
MARTIN REES TRUSTEE	1 0	Х						0	0	0
DAVID M RUBENSTEIN TRUSTEE	1 0	Х						0	0	0
JAMES J SCHIRO TRUSTEE	2 0	Х						0	0	0
ERIC E SCHMIDT TRUSTEE	1 0	Х						0	0	0
WILLIAM SEWELL TRUSTEE	1 0	Х						0	0	0
HAROLD SHAPIRO TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		((tion (hat a	che		ll.		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	
JAMES H SIMONS TRUSTEE	2 0	Х						0	0	0
PETER SVENNILSON TRUSTEE	1 0	Х						0	0	0
SHELBY WHITE TRUSTEE	1 0	Х						0	0	0
MARINA V N WHITMAN TRUSTEE	1 0	Х						0	0	0
ANDREW J WILES TRUSTEE	1 0	Х						0	0	0
DAVID K P LI TRUSTEE - UNTIL 10-31-2009	1 0	Х						0	0	0
PETER GODDARD TRUSTEE / EXECUTIVE DIRECTOR	40 0	Х		х				507,921	0	88,800
JOHN MASTEN ASSC DIRECTOR FIN AND ADMIN	40 0			х				313,122	0	83,439
GEORGE MICHAEL GEHRET ASSC DIR DEVL AND PUBL AFFAIRS	40 0			х				251,717	0	75,300
A SHVIN CHHABRA CHIEF INVESTMENT OFFICER	40 0					х		515,704	0	77,939
STEPHEN ADLER NATURAL SCIENCE FACULTY	40 0					х		338,374	0	71,695
NIMA ARKANI-HAMED NATURAL SCIENCE FACULTY	40 0					х		333,118	0	50,300
ROBERT MACPHERSON MATH FACULTY	40 0					х		343,302	0	72,300
NATHAN SEIBERG NATURAL SCIENCE FACULTY	40 0					х		333,020	0	93,516
PHILLIP A GRIFFITHS FORMER DIRECTOR & PROFESSOR	40 0						х	350,287	0	51,211

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BOOKS AND PERIODICALS	634,327	622,695	8,134	3,498
COMPUTING	896,320	371,195	506,562	18,563
DUES AND MEMBERSHIPS	30,230	8,874	18,781	2,575
EMPLOYEE WELFARE	54,621	4,292	50,007	322
RECRUITING	28,307	11,918	16,389	