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Form **990** 

Department of the Treasury

# **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)

201

2010

OMB No 1545-0047

Open to Public Inspection

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

	revenue			-	Inspection
		2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011  C Name of organization	,	D Employer	identification number
_	eck ıf a dress ch	INSTITUTE FOR ADVANCED STUDY -		21-0634	
_	me cha	Doing Business As			
_	me cna nal retu			E Telephone	
_	mınate	FINISTEIN DONE	Room/suite	(609) 73	
_	ended	PRINCETON, NJ 08540		<b>G</b> Gross recei	pts \$ 411,985,022
App	olication	n pending			
		F Name and address of principal officer PETER GODDARD EXECUTIVE DIR	<b>H(a)</b> Is this a	group return for affi	liates? Yes No
		EINSTEIN DRIVE	<b>H(b)</b> Are all a	affiliates included	d?
		PRINCETON, NJ 08540	If"No	," attach a lıs	t (see instructions)
г Та	x-exem	npt status	H(c) Group	exemption r	number 🟲
J W	ebsit e	e: ► WWW IAS EDU			
<b>K</b> For	n of or	ganization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	L Year of form	nation 1930	<b>M</b> State of legal domicile NJ
Pa	rt I	Summary			
Governance	2 (	THE UTMOST DEGREE THAT THE FACILITIES OF THE INSTITUTION/THE APERMIT  Check this box  fthe organization discontinued its operations or disposed o	f more than 25		
Activities &	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	32
E E		Number of independent voting members of the governing body (Part VI, line 1b)		4	31
Ę		Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	435
4		Total number of volunteers (estimate if necessary)		6	31
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	335,570
	В	Net unrelated business taxable income from Form 990-T, line 34	Drior	Year 7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)		29,886,577	34,599,830
ē	9	Program service revenue (Part VIII, line 2g)		4,865,176	4,996,594
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,960,386	2,816,087	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	C
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		20 742 420	42.442.544
	12	12)		39,712,139	42,412,511
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		11,705,327	12,385,237
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	_	U	0
\$	15	10)		31,304,807	27,371,050
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	C
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ►1,188,670		17.466.701	
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		18,746,468 61,756,602	17,466,791 57,223,078
	19	Revenue less expenses Subtract line 18 from line 12		22,044,463	-14,810,567
Net Assets or Fund Balances		The state of the s	Beginning	of Current	End of Year
a de G	20	Total assets (Part X, line 16)		56,458,901	690,267,969
Ž.	21	Total liabilities (Part X, line 26)		03,285,448	92,623,405
ŽŽ	22	Net assets or fund balances Subtract line 21 from line 20	5	53,173,453	597,644,564
Pai	rt II	Signature Block			
Unde know	r penal	Ities of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than officer	) is based on a		
Sign	1	Signature of officer	Dat		
Here		JOHN MASTEN ASSISTANT TREASURER Type or print name and title			
				heck if self-	PTIN
Paid		preparer's name Firm's name KPMG LLP	е	mployed 🕨 🦵	
Prepa	arer	Firm's address • 345 Park Avenue			Firm's EIN
Use (	Only	New York, NY 101540102			Phone no (212) 758- 9700
		HON TOIN, HT TOTOTOLO			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

	1990 (2010)				raye Z
Par	Check if Schedule O contain				
1	Briefly describe the organization's	mission			
SEE	SCHEDULE O				
2	Did the organization undertake any the prior Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conductservices?			nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes o	n Schedule O			
4	Describe the exempt purpose achi Section 501(c)(3) and 501(c)(4) of allocations to others, the total exp	rganizations and sectio	n 4947(a)(1) trusts a	re required to report the an	
	(Code ) (Expense	es \$ 42,976,058	ıncludıng grants of \$	12,385,237 ) (Revenue \$	4,996,594 )
-14	WORK AT THE INSTITUTE TAKES PLACE FOR FURTHER DETAILS		= =		
4b	(Code ) (Expense	es \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code ) (Expense	es \$	ıncludıng grants of \$	) (Revenue \$	)
	-				
4d	Other program services (Describ	e ın Schedule O )			
	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses <b>⊁</b>	\$ 42,976,058	3		

Part IV Checklist of Required Schedules
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			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 (see instruction)? 🤨	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	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? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	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.	11c		Νο
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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? <i>If</i> "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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	Yes	
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 lines 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		Νο
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		Νο
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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? If "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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V 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		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
h	return	-		
_		2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b			163	
	If "Yes," enter the name of the foreign country   CJ, VI, CA, BD, NT, BF  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible?			
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	, 9		
	Form 1098-C?	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)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	4.5		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	-		
	13c	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
h	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	1/16	1	ı

20

MARY J MAZZA 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.

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		No
		76		110
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Re	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
ша	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		103	
2	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	135	103	
	Trives to fine 150 of 150, describe the process in Schedule of (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi	<b>(C)</b> osition (check all that apply)					(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

									<u>,                                      </u>				
	(A) Name and Title	(B) Average hours per	1	tion that a			II		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amount o	ated fother
		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)		compens from rganizat relat organiza	the ion and ed	
See A	Addıtıonal Data Table												
				$\vdash$				+					
								-					
								<u> </u>					
1b c	Sub-Total						<u></u>						
	Total (add lines 1b and 1c) .							<b> </b>	3,308,401		0	-	635,066
2	Total number of individuals (inc \$100,000 in reportable comper	luding but not lir	nited to	thos	e lıs	ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										3	Yes	
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz		-				-		=		5		No
	ection B. Independent Con	tractors											
	ction b. Independent Con	iti actors											

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
STEVENS AND LEE 101 LENOX DRIVE SUITE 200 PRINCETON, NJ 08540	LEGAL SERVICES	300,020
HMR ARCHITECTS 821 ALEXANDER ROAD SUITE 115 PRINCETON, NJ 08540	ARCHITECT	180,038
KPMG LLP 301 CARNEGIE CENTER SUITE 402 PRINCETON, NJ 085406227	AUDITING	233,365
ALBOURNE AMERICA LLC 655 MONTGOMERY STREET SUITE 1910 SAN FRANCISCO, CA 94111	CONSULTING	260,000
RUSSELL REYNOLDS ASSOCIATES INC CHURCH STREET STATION PO BOX 6427 NEW YORK, NY 102496427	EXECUTIVE SEARCH	136,720
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►8	) who received more than	

		(2010)	10				Pa	age <b>9</b>
Part \		Statement of Reven	.ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in life	. 1d  1e  and 1f  nes 1a-1f \$	8,412,323 26,187,507 1,409,136	24 500 030			
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	34,599,830			
Program Service Revenue	2a b c d e	AUXILIARY SERVICES  All other program service rev	venue	532000	4,996,594	3,209,437		1,787,157
Ť	g	Total. Add lines 2a-2f			4,996,594			
	3 4 5	Investment income (including and other similar amounts)  Income from investment of tax-exceptions and the similar amounts income from investment of tax-exceptions.	empt bond proceeds		-1,830,079 0		335,570	- 2,165,649
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real	(II) Personal				
	7a b	from sales of assets other than inventory Less cost or other basis and	(i) Securities 373,514,014 368,824,146	(II) O ther 704,663 748,365				
		sales expenses Gain or (loss)	4,689,868	-43,702				
Other Revenue		Net gain or (loss)  Gross income from fundraising (not including)  \$ of contributions reported on See Part IV, line 18	ng events line 1c)		4,646,166			4,646,166
Othe	ь	Less direct expenses	a b					
	9a b	Net income or (loss) from fur Gross income from gaming a Less direct expenses Net income or (loss) from ga	ctivities See Part IV, line 19 . a	ь	0		0	
	b	Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	a . b	Business Code	0			
		All other revenue						
		Total. Add lines 11a-11d  Total revenue. See Instruction	ons		42,412,511		335,570	4,267,674

					Page <b>10</b>		
Par	t IX Statement of Functional Expenses						
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	35,000	35,000	general expenses	Скрепаса		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	•	,				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	9,317,551 3,032,686	9,317,551 3,032,686				
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	1,066,000	121,750	687,250	257,000		
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	18,676,075	11,876,983	6,171,393	627,699		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,089,566	1,585,388	446,574	57,604		
9	Other employee benefits	4,452,657	3,994,455	453,323	4,879		
10	Payroll taxes	1,086,752	824,537	232,256	29,959		
а	Fees for services (non-employees) Management	0					
Ь	Legal	251,460		251,460			
c	Accounting	274,485		274,485			
d	Lobbying	0					
e	Professional fundraising services See Part IV, line 17	0					
f	Investment management fees	0					
g	Other	1,508,544	690,153	807,380	11,011		
12	Advertising and promotion	0					
13	Office expenses	1,142,570	374,107	737,939	30,524		
14	Information technology	867,849	357,139	491,057	19,653		
15	Royalties	0					
16	Occupancy	2,039,229	1,838,977	200,252			
17	Travel	2,026,969	1,909,139	101,686	16,144		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	1,695,715	768,000	834,989	92,726		
20	Interest	1,700,362	1,641,523	58,839			
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	4,126,486	3,790,788	335,698			
23	Insurance	306,600		306,600			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
а	BOOKS AND PERIODICALS	663,437	647,170	12,075	4,192		
b	GAS, TIRES AND SERVICES	306,700		306,700			
c	DONOR RELATIONS	122,783		90,907	31,876		
d	FELLO WS/EMPLO YEE WELFARE	107,222	43,684	63,538			
е	EMPLOYEE WELFARE	88,326	12,368	75,845	113		
f	All other expenses	238,054	114,660	118,104	5,290		
25	Total functional expenses. Add lines 1 through 24f	57,223,078	42,976,058	13,058,350	1,188,670		
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Part X Balance Sheet (A) (B) Beginning of year End of year 45.341 19,152 1 Cash—non-interest-bearing . . . . . . . . . . . . . 14.094.606 2 11.735.026 2 Savings and temporary cash investments . . . . . . . 6,346,365 6,139,908 3 585,413 4 320,377 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 1,333,446 5 1,712,917 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 635, 161 9 866,085 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete 126,571,933 10a Part VI of Schedule D 66,770,961 ь Less accumulated depreciation . . . . . 10b 60,191,610 **10c** 59.800.972 54.410.621 11 11 34.743.992 507,613,234 563,822,402 12 Investments—other securities See Part IV, line 11 . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 11,203,104 15 11,107,138 15 16 656.458.901 16 690,267,969 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6,989,724 7,455,400 17 17 Accounts payable and accrued expenses . 18 18 19 19 57,475,994 20 20 54,774,645 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 492.767 23 23 426.503 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 37.861.287 25 30.432.533 Other liabilities Complete Part X of Schedule D . . . . . 26 103.285.448 26 92,623,405 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 346,689,111 358,444,469 141,116,464 Temporarily restricted net assets . . . . . 28 125,676,785 28 Fund 80,807,557 98,083,631 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 553, 173, 453 33 597,644,564 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 656,458,901 690, 267, 969

Par	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42.4	12,51
2	Total expenses (must equal Part IX, column (A), line 25)	2		· · ·	223,078
3	Revenue less expenses Subtract line 2 from line 1	3		-14,8	310,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		553,1	173,453
5	Other changes in net assets or fund balances (explain in Schedule O)	5		59,2	281,678
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		597,6	544,564
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
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 taudit, 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 is on a separate basis, consolidated basis, or both	sued			
	▼ 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?	2	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

**Employer identification number** 

21-0634988

# OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

Pa	rt I	Reas	on for Pu	blic Charity Stat	<b>tus</b> (All org	janizations	must comp	lete this pa	art.) See ın	structions	
The	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forlı	ınes 1 throu	gh 11, check	only one bo	x )		
1	$\Gamma$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii) (Attach Schedule E.)									
2	✓	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospi	tal or a coo	perative hospital sei	rvice organiz	atıon descrı	bed in <b>sectio</b> i	n 170(b)(1)(	A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjune	ction with a	hospital desc	ribed in <b>sec</b> t	tion 170(b)(1	L <b>)(A)(iii).</b> En	ter the
5	Γ	An orga	nızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	governmenta	al unit descri	ıbed ın
		section	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )						
6	Γ	A feder	al, state, or	local government or	government	al unıt desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	Γ	describ	ed ın	at normally receives  A)(vi) (Complete P		l part of its	support from	a governmeı	ntal unit or fro	om the gener	al public
8	Г			described in <b>section</b>		A)(vi) (Com	nplete Part II	)			
9	Г	An orga	nızatıon tha	at normally receives	(1) more tha	an 331/3% d	of its support	from contrib	utions, mem	pership fees,	and gross
		_		ities related to its ex							_
				oss investment inco							
		acquire	d by the org	janization after June	30,1975 S	ee <b>section 5</b>	<b>609(a)(2).</b> (Co	omplete Part	: III )	·	
10	Γ			janized and operated							
11	Γ	one or r the box	more publicl	ganized and operated y supported organized bes the type of supp <b>b</b> Type I	atıons descrı ortıng organı	bed in secti zation and o	on 509(a)(1)	or section 5 11e throug	509(a)(2) Se h 11h	e <b>section 50</b>	
e f g	Γ	other the section of the or check t	nan foundatı 509(a)(2) rganızatıon hıs box	ox, I certify that the on managers and othe received a written de 2006, has the organi	ner than one	or more pub	licly supporte	ed organizati Type I, Type	ons describe	d in section	509(a)(1) or
			g persons?								
				rectly or indirectly c	•			ersons des	cribed in (ii)		Yes No
			•	governing body of th		_	ition?			11g(i	
			•	er of a person descri						11g(i	
				led entity of a persor						11g(ii	")
h		Provide	the following	ng information about	tne supporte	a organizati	ion(s)				
(i) Name of supported organization		e of rted	d EIN lines 1-9 above your governing		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support		
				instructions))	Yes	No	Yes	No	Yes	No	
Tota	I										

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16	Public support percentage from 2009 Schedule A, Part III, line 15	16						
Section D. Computation of Investment Income Percentage								
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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As Filed Data

DLN: 93493129014752

OMB No 1545-0047

# SCHEDULE D

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Open to Public Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** INSTITUTE FOR ADVANCED STUDY -LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION 21-0634988 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 203,508 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	<b>III</b> Organizations Maintaining Co	llections of Art,	His	torical	Treas	ures, or (	Othe	r Similar Ass	sets (ca	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th			_			on	
а	Public exhibition		d	✓ Loa	an or exc	hange prog	rams			
b	Scholarly research		e	┌ ot≀	ner					
c	▼ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	v they fur	ther the	organızatıo	n's ex	cempt purpose ii	า	
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								_ Yes	√ No
Par	Part IV, line 9, or reported an an	•				n answere	ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for contr	ibutions	or other as	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the fo	ollow	ıng table		ĺ		A m	ount	
c	Daniman halama						1c	Alli	ount	
d	Beginning balance  Additions during the year						1d			
e	Distributions during the year						1e			
f							1f			
	Ending balance	000 Dawk V I.m.	212				11	Г	Yes	
2a L	Did the organization include an amount on Fo		211					ı	res	) NO
	If "Yes," explain the arrangement in Part XIV <b>t V Endowment Funds.</b> Complete i		ans	wered "	Yes" to	Form 990	Par	t IV line 10		
	Endownent Lands Complete	(a)Current Year		)Prior Year		Two Years Ba		(d)Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	551,269,546		513,697	,301	652,377,	684			
b	Contributions	7,927,706		3,067	,916	7,148,	555			
c	Investment earnings or losses	60,869,634		63,111	,223	-114,037,	168			
d	Grants or scholarships									
e	Other expenditures for facilities and programs	33,488,736		28,606	,894	31,791,	770			
f	Administrative expenses									
g	End of year balance	586,578,150		551,269	,546	513,697,	301			
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	59 598 %								
b	Permanent endowment ► 16 721 %									
c	Term endowment ► 23 681 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat are h	eld and	administere	d for	the		<b>N</b> 1 -
	organization by (i) unrelated organizations		_				_	3a(i	Yes	No No
	(ii) related organizations		٠					3a(i		No
b	If "Yes" to 3a(II), are the related organization							3b	-	
4	Describe in Part XIV the intended uses of th	e organization's endo	owme	ent funds						
Part	t VI Investments—Land, Buildings	, and Equipmen	ı <b>t.</b> S	ee Form	990, F	art X, line	10.		_	
	Description of investment			(a) Cost basıs (ınv		(b)Cost or obasis (oth		(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
<b>1</b> a L	and					37	7,470			377,470
b B	Buildings					93,82	8,846	42,063,342	5	1,765,504
c L	easehold improvements									
d E	quipment					26,93	1,478	23,760,426		3,171,052
<b>e</b> (	)ther					5.43	4,139	947,193		4,486,946

59,800,972

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
1)Financial derivatives		Cost of end-of-year market value
2)Closely-held equity interests		
3)Other		
A) LIMITED PARTNERSHIPS	89,493,643	
B) HEDGE AND OFFSHORE FUNDS	464,328,759	
C) CASH EQUIVALENT-INV IN TRANSIT	10,000,000	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )	563,822,402	
art VIII Investments—Program Related. See	Form 990, Part X, line 1	3.
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation
(2) 5 5551 pt. 61 111 55111 61 2 1 2	(S) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, line	e 15.	
(a) Descript		(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X,		
(a) Description of Liability	( <b>b</b> ) A mount	
ederal Income Taxes	0	
EFUNDABLE ADVANCES	8,561,989	
PLIT-INTEREST AGREEMENTS		
	2,510,801	
OSTRETIREMENT BENEFIT OBLIG SSET RETIREMENT OBLIGATION	14,454,112	
SOND SWAP LIABILITY	965,449 3,940,182	
SOND SWAP LIABILITY	3,940,102	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	30,432,533	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,412,51
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,223,078
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,810,567
4	Net unrealized gains (losses) on investments	4	58,592,260
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	689,418
9	Total adjustments (net) Add lines 4 - 8	9	59,281,678
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	44,471,111
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	101,694,189
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 689,418		
e	Add lines <b>2a</b> through <b>2d</b>	2e	59,281,678
3	Subtract line <b>2e</b> from line <b>1</b>	3	42,412,51
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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	42,412,51
Pari	<b>XIIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	57,223,078
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	57,223,078
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		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	57,223,078
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	57,223,0

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
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
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	THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS LISTED IN THE INTERNAL REVENUE SERVICE PUBLICATION 78 THE INSTITUTE HAS BEEN CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(A) OF THE CODE THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED UNRELATED BUSINESS INCOME AND WOULD RESULT IN A TAX LIABILITY MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN FAIR VALUE OF BOND SWAP LIABILITY 689,418
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 689,418

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2010

Inspection

	TUTE FOR ADVANCED STUDY - BAMBERGER & MRS FELIX FULD FOUNDATION					
	Part I					
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it	te charter bylaws		YES	NO	
•	other governing instrument, or in a resolution of its governing body?					
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,						
programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during						
3	the period of solicitation for students, or during the registration period if it has no solicitation project that makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, ın a way				
	please explain If you need more space use Part II	cribe ir ito,	3	Yes		
4	Does the organization maintain the following?					
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes		
b	Records documenting that scholarships and other financial assistance are awarded on a racially i basis?	nondiscriminatory	4b	Yes		
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes		
5	If you answered "No" to any of the above, please explain If you need more space, use Part II  Does the organization discriminate by race in any way with respect to		   			
	Students' rights or privileges?		5a	 	Νo	
b	Admissions policies?		5b		Νo	
c	Employment of faculty or administrative staff?		5c		Νo	
	Scholarships or other financial assistance?		5d		Νo	
e	e Educational policies?		5e		Νo	
f	Use of facilities?		5f		Νo	
g	Athletic programs?		5g		Νo	
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo	
			-			
	ı Does the organization receive any financial aid or assistance from a governmental agency? , Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	Νο	
	If you answered "Yes" to either line 6a or line 6b, explain on Part II		JD		140	
7	Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes		

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY	SCH E, LINE 3	ADVERTISEMENTS ARE PUBLISHED IN EDUCATIONAL CHRONICLES AND JOURNALS NOTICES ARE ALSO POSTED AT COLLEGE AND UNIVERSITIES
FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY	SCHEDULE E, LINE 6A	GRANTS ARE RECEIVED FROM VARIOUS GOVERNMENTAL AGENCIES INCLUDING THE DEPARTMENT OF ENERGY, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, THE NATIONAL SCIENCE FOUNDATION AND THE NATIONAL ENDOWMENT FOR THE HUMANITIES

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493129014752

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

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.

	163 to form 330, fait iv, fine 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?
2	<b>For grant makers.</b> Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
_	A shorter and Berner West Best Westerland and a second of the

Activites per Region (Use Part	V if additional s	space is needed	)		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Russia and the Newly Independent States	0	0	Program Services	SCHOLAR COLLABORATION	5,04
East Asia and the Pacific	0	0	Program Services	SCHOLAR COLLABORATION	35,10
Europe (Including Iceland and Greenland)	0	0	Program Services	SCHOLAR COLLABORATION	250,44
Middle East and North Africa	0	0	Program Services	SCHOLAR COLLABORATION	30,20
North America	0	0	Program Services	SCHOLAR COLLABORATION	18,84
South America	0	0	Program Services	SCHOLAR COLLABORATION	2,13
South Asia	0	0	Program Services	SCHOLAR COLLABORATION	6,80
Sub-Saharan Africa	0	0	Program Services	SCHOLAR COLLABORATION	6,77
Europe (Including Iceland and Greenland)	0	0	Grantmakıng		152,49
North America	0	0	Grantmakıng		261,17
Sub-Saharan Africa	0	0	Grantmakıng		2,619,01
Central America and the Caribbean	0	0	Investments		416,732,53
North America	0	0	Investments		992,52
Sub total	0	0			421,113,09
<ul> <li>a Sub-total</li> <li>b Total from continuation sheets to Part I</li> </ul>					
c Totals (add lines 3a and 3b)	0	<u> </u>		No E0093W Sahadu	421,113,09

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Scheaule F	· (Form 990	) 2010							Page 2		
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000										
	ame of lization	(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	45,733	WIRE		N/A	N/A		
			Europe/Iceland/Greenland	STIPEND	55,235	WIRE		N/A	N/A		

77,000 WIRE

50,525 WIRE

184,172 WIRE

548,140 WIRE

STIPEND

STIPEND

EDUCATIONAL

ADMIN

North America

North America

Sub-Saharan Africa

Sub-Saharan Africa

		Sub-Saharan Africa	EDUCATIONAL	500,070	WIRE	N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	500,070	WIRE	N/A	N/A
		Sub-Saharan Africa	EDUCATIONAL	500,070	WIRE	N/A	N/A
		Sub-Saharan Africa	STIPEND	51,531	WIRE	N/A	N/A
		ient organizations listed for which the grantee o					0
Enter total nur	nber of other	organizations or entiti	es			 ►	11

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

## Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	굣	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<b>▽</b>	Νo

Schedule F (Form 990) 2010

## Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
	SCHEDULE F, PART I	THE INSTITUTE FOR ADVANCED STUDY'S GRANTS ARE AWARDED BY THE SCIENCE INITIATIVE GROUP (SIG), AN INTERNATIONAL TEAM OF SCIENTIFIC LEADERS AND SUPPORTIERS DEDICATED TO FOSTERING SCIENCE IN DEVELOPING COUNTRIES THAT IS BASED AT IAS 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 IN SUB-SAHARAN AFRICA BY INCREASING THE POPULATION OF QUALIFIED FACULTY TEACHING IN A FRICA'S UNIVERSITIES RISE PREPARES PHD- AND MSC-LEVEL SCIENTISTS AND ENGINEERS THROUGH UNIVERSITY-BASED RESEARCH AND TRAINING INSTRUCTS UNIVERSITIES RISE PREPARES PHD- AND MSC-LEVEL SCIENTISTS AND ENGINEERS THROUGH UNIVERSITY-BASED RESEARCH AND TRAINING INSTRUCTS IN SELECTED DISCPLINES ITS PRIMARY EMPHASES ARE ON PREPARING NEW FACULTY TO TEACH IN A FRICAN 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 AVER ALBLE AT EACH INSTITUTION WITHIN THE NETWORK NETWORKS ALSO ENABLE RESEARCHERS FROM MULTIPLE UNIVERSITIES TO USE SPECIALIZED SCIENTIFIC INSTRUMENTATION THAT MAY BE AVAILABLE AT ONLY ONE OF THE SITES, OR TO POOL RESOURCES TO OBTAIN NEW EQUIPMENT THE NETWORK STRUCTURE BEDIEFITS THE UNIVERSITIES AS WELL, AS EACH GAINS CAPACITY THROUGH AFFILIATION WITH THE OTHERS RISE INSTITUTIVE BESINFT THE UNIVERSITIES AS WELL, AS EACH GAINS CAPACITY THROUGH AFFILIATION WITH THE CONTROL OF NEW YORK SIG IS LEADING THE RISE INITIATIVE IN PARTINERSHIP WITH THE NAIROBLE CORPORATION OF NEW YORK SIG IS LEADING THE RISE INITIATIVE IN PARTINERSHIP WITH THE NAIROBLE CORPORATION OF NEW YORK SIG IS LEADING THE RISE INITIATIVE IN PARTINERSHIP WITH THE NAIROBLE CORPORATION OF NEW YORK SIG SALLOF INS "GRANTE SCIENTIFIC UNIVERSITIES AS WELL, AS EACH GAINS CAPACITY. HERCENDED TO THE RESERVED OF THE USE FOUNDATION, THE ROCHES

ldentifier	Return Reference	Explanation
FOREIGN INVESTMENTS	SCHEDULE F, PART I	THE INVESTMENT EXPENDITURES REPORTED IN SCHEDULE F, PART I, LINE 3, COLUMN (F) IS THE MARKET VALUE AS OF JUNE 30, 2011 AS THIS IS HOW THE INVESTMENTS ARE ACCOUNTED FOR ON THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS

Schedule F (Form 990) 2010

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493129014752

Department of the Treasury Internal Revenue Service

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

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

Form 990, Part IV	er Assistance to , line 21 for any i	• Governments and recipient that received eded.	Organizations in d more than \$5,000.	the United States Check this box if n	io one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	( <b>b)</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
(1) PRINCETON EDUCATION FOUNDATION PO BOX 176 PRINCETON,NJ 08542	22-3313605	501(c)(3)	25,000				CHARITABLE
(2) BOROUGH OF PRINCETON (DAYTIME SHUTTLE PILOT)400 WITHERSPOON STREET PRINCETON,NJ 08540	21-6001029	501(c)(3)	10,000				CHARITABLE

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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
(1) FELLO WSHIP GRANTS TO MEMBERS	199	9,317,551		N/A	N/A

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 SPECIFIC 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 PROCEEDING THE YEAR IN 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 OUR WEB SITE ALSO CONTAINS INFORMATION ON OUR SPECIAL PROGRAMS
		INCLUDING PROGRAM FOR WOMEN AND MATHEMATICS, INSTITUTE OF ADVANCED STUDY/PARK CITY
		MATHEMATICS INSTITUTE, AND PROSPECTS IN THEORETICAL PHYSICS

DLN: 93493129014752

**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 -

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

LOU	IS BAMBERGER & MRS FELIX FULD FOUNDATION		21-0634988			
Pa	rt I Questions Regarding Compensation		<u>.</u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	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	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive [		• • • • • • • • • • • • • • • • • • • •	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		У			
	Compensation committee		Written employment contract			
	☑ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mus For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	_				
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations			<del>                                     </del>

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> 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
(1) PETER GODDARD	(ı) (ıı)	481,072 0	0 0	33,887 0	73,051 0	26,800 0	614,810 0	
(2) JOHN MASTEN	(ı) (ıı)	310,839 0	0	3,417 0	56,551 0	25,216 0	396,023 0	
(3) GEORGE MICHAEL GEHRET	(ı) (ıı)	250,322 0	0	3,152 0	56,551 0	18,604 0	328,629 0	
(4) ASHVIN CHHABRA	(ı) (ıı)	315,839 0	275,000 0	510 0	51,051 0	25,216 0	667,616 0	
(5) NIMA ARKANI- HAMED	(ı) (ıı)	333,877 0	0	430	34,551 0	17,150 0	386,008 0	
(6) JUAN MALDACENA	(ı) (ıı)	332,394 0	0	437 0	51,051 0	23,762	407,644	
(7) NATHAN SEIBERG	(ı) (ıı)	333,388 0	0	1,006	73,051 0	21,004	428,449 0	
(8) PHILLIP A GRIFFITHS	(ı) (ıı)	300,000	0	0	0	0	300,000	
(9) EDWARD WITTEN	(ı) (ıı)	331,194 0	0	1,637 0	73,051 0	23,762	429,644 0	
(10)								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		TWO INVESTMENT OFFICE EMPLOYEES RECEIVE INCENTIVE COMPENSATION BASED ON THEIR INDIVIDUAL JOB PERFORMANCE AND ON THE RELATIVE PERFORMANCE OF IAS' ENDOWMENT COMPARED WITH MARKET INDICES AND MARKET COMPARISON GROUPS
	PART I, LINE	THE INSTITUTE OWNS A RESIDENCE IMMEDIATELY ADJACENT TO THE CAMPUS WHERE IT REQUIRES THE DIRECTOR TO RESIDE IAS PROVIDES MAINTENANCE AND HOUSE-KEEPING SERVICES FOR THE PROPERTY IAS 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 D OF SCHEDULE J THE 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) 2010

DLN: 93493129014752

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

# **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 O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** Employer identification number

Name of the organization

INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

21-0634988

	DIS DAMBLERGER & MRS I LEIX	TOLD TO GNDATIC	7 N											
P	art I Bond Issues			T	T								_	
	(a) Issuer Name	(b) Issuer EIN	Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpos		f) Description of Purpose		(g) Defeased		Beh	On alf of suer	If of (1)			
									Yes	No	Yes	No	Yes	No
A	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES B	22-1829511	64605LQ92	07-19-2006	29,600,0	OO ADV		NDING - SEE		Х		x		х
В	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES C	22-1829511	64605L7Q5	03-15-2007	20,000,0	DO CAP	ITAL IMPRO	VEMENTS		Х		х		х
c	NJ EDU FAC AUTH IAS ISSUE 2008 SERIES C	22-1829511	646065PY2	04-17-2008	11,818,5		CURRENT REFUNDING - SEE PART V			х		Х		х
_														
_														+
Pa	rt III Proceeds								1					
					Α			В	С			D		
1	A mount of bonds retired													
2	A mount of bonds legally def	eased												
3	Total proceeds of issue				32	32,214,439 20,814,743			11,	885,689	9			
4	Gross proceeds in reserve f													
5	Capitalized interest from pro	oceeds												
6	Proceeds in refunding escro	w												
7	Issuance costs from procee	ds				473,908 266,350		236,370			ו			
8	Credit enhancement from pr	oceeds												
9	Working capital expenditure	s from proceeds												
10	Capital expenditures from p	roceeds			18	18,552,797 18,552,797								
11	Other spent proceeds													
12	Other unspent proceeds				1	1,995,596 1,995,59		1,995,596						
13	Year of substantial completi	on												
					Yes	No	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as part of a current refunding issue?					Х		X	X					
15	Were the bonds issued as part of an advance refunding issue?			×			Х			Х				
16	Has the final allocation of pr	oceeds been made?			X		Х		Х					
17	Does the organization maint allocation of proceeds?		and records to su	pport the final	х		х		Х					
Pa	rt IIII Private Business	Use			1									
					1 A			B I		C		1	D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Yes

No

Yes

Yes

No

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

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

Pai	rt IV Arbitrage			_						
		A		E	3	C		D		
		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		X			
2	Is the bond issue a variable rate issue?	×		Х			Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
		×			X		X			
ь	Name of provider	SEE PART V							ı	
С	Term of hedge		21							
d	Was the hedge superintegrated?		х				х			
e	Was a hedge terminated?		х				х			
4a	Were gross proceeds invested in a GIC?		Х		Х		Х			
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?	х		х			х			
6	Did the bond issue qualify for an exception to rebate?		Х		х		х			

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if	ier Return Reference	Explanation
BONDS	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 THE DIFFERENCE BETWEEN THE PROCEEDS LISTED IN PART II LINE 3 AND THE ISSUE PRICE IN PART I COLUMN (E) IS DUE TO INVESTMENT EARNINGS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129014752

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

Open to Public Inspection

Name of the organization INSTITUTE FOR ADVANCED STUDY - LOUIS BAMBERGER & MRS FELIX FULD FO	OUNDATIO	ιN					<b>mployer i</b> 1-06349		tion numbe	<b>e</b> r
Part I Excess Benefit Tra						organı	zations	only).	4.01	
Complete If the organiza	tion ans	wered "	Yes" on Form 990, F	Part IV, line 25a o	r 25b, o	r Form	990-EZ,	Part V, II		
1 (a) Name of disc	qualified	person		<b>(b)</b> Desc	ription c	ftrans	action		<u> </u>	orrected
									Yes	No
2 Enter the amount of tax impossection 4958							/ear unde	r * \$ * \$		
Part II Loans to and/or Complete if the organi				), Part IV, line 26,	or Form	າ 990-ເ	≣Ζ, Part \	/, line 38	a	
(a) Name of interested person and purpose	or fro	oan to m the zation?	(c)Original principal amount	(d)Balance due	( <b>e)</b> i defau		(f) Appro by boa	ved rd or	<b>(g)</b> Writt	
	То	From	1		Yes	No	Yes	No	Yes	No
(1) G MICHAEL GEHRET MORTGAGE		х	300,000	211,147		No	Yes		Yes	
(2) PETER GODDARD MORTGAGE		X	775,000	735,225		No	Yes		Yes	
(3) PHILLIP GRIFFITHS MORTGAGE		х	460,000	348,033		No	Yes		Yes	
(4) JUAN MALDACENA MORTGAGE		х	505,000	418,513		No	Yes		Yes	
Part III Grants or Assista Complete if the orga	nce B	enefitt			•	7.				
(a) Name of interested per			<b>b)</b> Relationship betwe and the or	een interested per			nount of g	rant or ty	pe of assis	stance

Part TV Bus	iness Transact	tions Involving T	nterested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	m answered res on	101111 330, 1 arc 1 <b>v</b> , 111	10 200, 200, 01 20C.		
(a) Name of interested person	(b) Relationship between interested person and the	tween interested (c) A mount of (d) Description of transaction		(e) Sharing of organization's revenues?	
	organization			Yes	No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

xplanat ion
×

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization

**Employer identification number** 

	BAMBERGER & MRS FELIX FULD FOUNDATI	21-0634988						
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
<b>5</b> 100d	Clothing and household							
•	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	х	17	1,409,136	FMV			
	Securities—Closely held			27.007200				
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►( )							
	Other ►()							
	Other ►()							
	Other ► ( )							
29	Number of Forms 8283 received b	v the orga	anization during the tax yea	r for contributions				
	for which the organization complete	-	——————————————————————————————————————		29		1 1	0
30a	During the year, did the organization	on receive	by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years f	rom the d	ate of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	erıod?			30a		No
b	If "Yes," describe the arrangement	t ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t				non-cash	22-		N a
L						32a		Νo
	If "Yes," describe in Part II  If the organization did not report re	venuec "	n column (c) for a type of a	ronarty for which column (a	) is chacked			
در	describe in Part II	venues II	n column (c) for a type of p	operty 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) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129014752

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

21-0634988

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE INSTITUTE FOR ADVANCED STUDY (THE INSTITUTE) IS ONE OF THE WORLD'S LEADING CENTERS FOR THEORETICAL RESEARCH AND INTELLECTUAL INQUIRY THE INSTITUTE EXISTS TO ENCOURAGE AND 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
PROGRAM 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 199 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 FACULTY 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 (YON NEUMANN 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 MUCH OF THE BASIS FOR MODERN THEORETICAL METEOROLOGY WAS LAID BY RESEARCH THERE RESEARCH IN THE SCHOOL OF NATURAL SCIENCES HAS GREATLY ADVANCED PARTICLE PHYSICS, INCLUDING STRING THEORY AND ASTROPHYSICS RESEARCH IN THE SCHOOL OF SOCIAL SCIENCE HAS HAD WIDE-REACHING IMPACT ON THE FIELD OF GLOBAL DEVELOPMENT BOOKS BY FACULTY IN THE SCHOOL OF HISTORICAL STUDIES HAVE BECOME KEY TEXTS IN A RANGE OF HISTORICAL DISCIPLINES AND, IN PARTICULAR, HAVE MADE ESSENTIAL CONTRIBUTIONS TO THE ESTABLISHMENT OF ART HISTORY AS A DISCIPLINE IN THE UNITED STATES THE INSTITUTES MORE THAN SEVEN-THOUSAND FORMER MEMBERS HOLD POSITIONS OF INTELLECTUAL AND SCIENTIFIC TEAD STATES THE INSTITUTE SHORE THE PRICES OF AFTILIATED WITH THE INSTITUTE THE INSTITUTE HAS NO FORMAL LINKS TO OTHER ESTABLISHMENT OF RETIRD WITH THE INSTITUTE THE INSTITUTE HAS NO FORMAL LINKS TO OTHER ESTABLISHMENT OF REPRESEABLY SOFTIAL AS MANY WINNERS OF THE WOLF AND MACARTHUR PRIZES, HAVE BEEN AFFILIATED WITH T

Identifier	Return Reference	Explanation
FORM 990 REV IEW	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 A TRUSTEE, THEREFORE, WILL RECUSE HIMSELF/HERSELF FROM ANY BOARD OR COMMITTEE MEETING AS REQUIRED TO AVOID A CONFLICT GENERATED BY ANY MATERIAL FINANCIAL INTEREST, AFFILIATION OR OTHER MATERIAL RELATIONSHIP OR INTEREST

ldentifier	Return Reference	Explanation
DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, LINE 14	THE INSTITUTE'S PRACTICE IS TO RETAIN DOCUMENTS FOR SEVEN YEARS. THE INSTITUTE ADOPTED A FORMAL DOCUMENT RETENTION POLICY DURING FISCAL YEAR JUNE 30, 2011

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, LINE 15	ALL STAFF POSITIONS THE INSTITUTE'S POLICY IS TO PAY REASONABLE COMPENSATION UNDER 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 THE 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 ANY REVIEW OR DECISION DIRECTOR AND ASSOCIATE DIRECTORS THE INSTITUTE PARTICIPATES IN A SURVEY OF TOP ADMINISTRATIVE POSITIONS AT SIMILARLY SITUATED 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 HR MANAGER, PREPARE 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'S SALARIES, THE DIRECTOR ALONG WITH THE HR MANAGER, PREPARE A MEMO FOR THE BOARD, AGAIN WITH DATA FOR COMPARABLE POSITIONS AT OTHER SIMILARLY SITUATED INSTITUTIONS, AND THE DIRECTOR MAKES A RECOMMENDATION ON THE SALARY INCREASE FOR EACH OF THESE POSITIONS THE COMPENSATION COMMITTEE OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS, REVIEWS THE RECOMMENDATIONS AND DETERMINES THE ACTION TO BE TAKEN THE COMMITTEE DOCUMENTS THE DIRECTOR MAKES A RECOMMENDATIONS IN WRITING TO THE HUMAN RESOURCES MANAGER INVESTMENT OFFICE THE INSTITUTE PARTICIPATES IN A SURVEY ANNUALLY CONDUCTED BY MERCER FOR INVESTMENT OFFICE THE INSTITUTE PARTICIPATES IN A SURVEY ANNUALLY CONDUCTED BY MERCER FOR INVESTMENT OFFICE THE INSTITUTE PARTICIPATES IN A SURVEY ANNUALLY CONDUCTED BY REPCER FOR INVESTMENT OFFICE THE INSTITUTE PARTICIPATES IN A SURVEY THE INSTITUTES THE SURVEY PROVIDES WAGES AND BENEFITS (INCLUDING INCENTIVE STRUCTURES) FOR KEY INVESTMENT OFFICE PROSNOLL AT INSTITUTION WITH THE INSTITUTE

ldentifier	Return Reference	Explanation
PUBLICLY AVAILABLE	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

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	, , ,	UNREALIZED GAINS 58,592,260 CHANGE IN FAIR VALUE OF BOND SWAP LIABILITY 689,418 TOTAL OTHER CHANGES LINE 5 59,281,678

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DLN: 93493129014752

# **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

epartment of the Treasury ternal Revenue Service						In	n to Put spectio	n			
lame of the organization NSTITUTE FOR ADVANCED STU DUIS BAMBERGER & MRS FELD	DY -				<b>Employer iden</b> 21-0634988	Employer identification number 21-0634988					
Part I Identifica	tion of Disregarded Entities (Compl	ete ıf the organızatı	on answered "Yes'	' on Form 990, Pa	rt IV, line 33.)						
Name, addre	<b>(a)</b> ss, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> e Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
or more re	Ition of Related Tax-Exempt Organial lated tax-exempt organizations during the control of the co	zations (Complete he tax year.)  (b) Primary activity	If the organization  (c)  Legal domicile (state or foreign country)	answered "Yes"  (d)  Exempt Code section	on Form 990, Part  (e)  Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	a)			
							Yes	No			

Part III	Identifi	cation of Relate	ed Org	anizations Taxal	ole as a Partners	ship (Complete ıf	the organization a	nswered "	Yes" on Form 990,	Part IV, lır	ne 34
	because	it had one or mo	re rela	ted organizations t	reated as a partne	rship during the ta	ax year.)				

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or agıng	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
									1 1157 11	_		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) IAS - POOLED INCOME FUND EINSTEIN DRIVE PRINCETON, NJ08540 22-6439543	CHARITABLE	NJ	IAS	TRUST	10,559	75,935	78 000 %

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	55A, or 36.)		
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> During t	he tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
<b>a</b> Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, 9	grant, or capital contribution to other organization(s)			1b		No
<b>c</b> Gıft, g	grant, or capital contribution from other organization(s)			<b>1</b> c		No
<b>d</b> Loans	s or loan guarantees to or for other organization(s)			1d		No
<b>e</b> Loans	s or loan guarantees by other organization(s)			1e		No
<b>f</b> Sale	of assets to other organization(s)			<b>1</b> f		No
<b>g</b> Purch	hase of assets from other organization(s)			<b>1</b> g		No
h Exch	ange of assets			1h		No
i Lease	of facilities, equipment, or other assets to other organization(s)			<b>1</b> i		No
j Lease	e of facilities, equipment, or other assets from other organization(s)			<b>1</b> j		No
<b>k</b> Perfo	rmance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Perfor	rmance of services or membership or fundraising solicitations by other organization(s)			11		No
<b>m</b> Shari	ng of facilities, equipment, mailing lists, or other assets			1m	1	No
<b>n</b> Sharı	ing of paid employees			1n		No
o Reim	bursement paid to other organization for expenses			10		No
<b>p</b> Reim	bursement paid by other organization for expenses			1р		No
<b>q</b> Othe	r transfer of cash or property to other organization(s)			<b>1</b> q		No
<b>r</b> Other	r transfer of cash or property from other organization(s)			1r		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds		
	(a)	(b)	(c)	(d) Method of determin	aina ama	nt
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni
(1)						
(2)						
-						
(3)						
(4)						
(4)						
(5)						
(3)		1		I		

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

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	Posi	<b>((</b> tion (	c) che	cka			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	a Institutional Trustee			Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
MARTIN L LEIBO WITZ PRESIDENT & VICE CHAIRMAN	2 0	Х		х				0	0	0
CHARLES SIMONYI CHAIRMAN	2 0	Х		х				0	0	0
JAMES H SIMONS VICE 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
JAMES D WOLFENSOHN CHAIRMAN EMERITUS	2 0	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
MARIO DRAGHI TRUSTEE	1 0	Х						0	0	0
RO GER W FERGUSON JR TRUSTEE	1 0	Х						0	0	0
E ROBERT FERNHOLZ TRUSTEE	1 0	Х						0	0	0
VARTAN GREGORIAN TRUSTEE	2 0	Х						0	0	0
JOHN HENDRICKS TRUSTEE	1 0	Х						0	0	0
DAVID HOLLINGER TRUSTEE	1 0	Х						0	0	0
PETER R KANN TRUSTEE	1 0	Х						0	0	0
BRUCE KOVNER 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

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		(C tion ( that a	che		I		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	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)	compensation from the organization and related organizations
WILLIAM SEWELL TRUSTEE	1 0	Х						0	0	0
HAROLD SHAPIRO TRUSTEE	1 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
PETER GODDARD TRUSTEE / EXECUTIVE DIRECTOR	40 0	х		х				514,959	0	90,033
JOHN MASTEN ASSC DIRECTOR FIN AND ADMIN	40 0			х				314,256	0	80,145
GEORGE MICHAEL GEHRET ASSC DIR DEVL AND PUBL AFFAIRS	40 0			х				253,474	0	73,533
ASHVIN CHHABRA CHIEF INVESTMENT OFFICER	40 0					Х		591,349	0	74,645
NIMA ARKANI-HAMED NATURAL SCIENCE FACULTY	40 0					Х		334,307	0	51,533
JUAN MALDACENA NATURAL SCIENCE FACULTY	40 0					Х		332,831	0	74,645
NATHAN SEIBERG NATURAL SCIENCE FACULTY	40 0					Х		334,394	0	93,887
EDWARD WITTEN NATURAL SCIENCE FACULTY	40 0					х		332,831	0	96,645
PHILLIP A GRIFFITHS FORMER DIRECTOR & PROFESSOR	40 0						Х	300,000	0	0