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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Intern	al Revei	nue Servi	ce									
A F	or the	2015 ca	lendar year, or tax year l	beginning	07-01-201	L5 , and ending	06-30-2	016				
B Ch	eck if ap	plicable	C Name of organization INSTITUTE FOR ADVANCED	D CTUDY					D Empl	oyer id	entification number	
┌ Ad	ddress c	hange	LOUIS BAMBERGER & MRS		FOUNDATIO	ON			21-0	63498	88	
□ N	ame cha	ange	% MARY J MAZZA Doing business as									
☐ In	ıtıal retu	urn	Doing Business as									
Fi	nal /termina	atad	Number and street (or P O) box if mai	ıl ıs not deliv	ered to street addres	s) Room/	'suite	E Teleph	none nu	mber	
_	nended		Einstein Drive						(609)734-	-8208	
		pending	City or town, state or prov	vince, countr	y, and ZIP o	r foreign postal code				•		
1			Princeton, NJ 08540						G Gross	receipts	s \$ 280,701,211	
			F Name and address o	of principa	Lofficer			H(a) 1	s this a grou	n rotur	en for	
			Robbert Dijkgraaf Direc						ubordinates?		⊤ Yes √	
			Einstein Drive						No		163 V	
• Ta	v-evem	pt status	Princeton, NJ 08540			_			re all subord	linates	Yes No	
1 10	x-exem	ipt status	✓ 501(c)(3) 501(c	c) () ◀ (ıns	sert no)	4947(a)(1) or	527		ncluded? f"No" attacl	h a liet	t (see instructions)	
J W	ebsit e	::► www	w ias edu						Group exemp		,	
V Fam	af ara		Corneration Trust [on Cother				of formation 1		M State of legal domicile N	
K FOII	n or org	janization	✓ Corporation Trust	Associatio	on Other				2		Totals of regar definions	
Pa	rt I	Sum	mary									
	1	refly des	scribe the organization's	mission o	or most sig	nificant activitie	s					
	1		OF ADVANCED LEARN									
e)	<u>U</u>	IMOSI	DEGREE THAT THE FAC	CILITIES	ANDIHE	E ABILITY OF TH	IE FACU	JLIY AND S	CHOLARS P	'EKMI		
<u>ء</u>												
Ĕ												
e Ve	2 C	heck th	ns box ▶ ┌ If the organiz	zatıon dıs d	continued	its operations or	dispose	d of more th	nan 25% of it	s net a	assets	
Ĭ.			•									
Activities & Governance	3 N	lumber	of voting members of the	governing	g body (Pa	rt VI, line 1a) .				3	27	
≘	4 N	lumber	of independent voting me		4	26						
₹	5 T	otal nur	mber of individuals emplo		5	534						
Ą	6 T	otal nur	mber of volunteers (estim	nate if nec	essary)					6	68	
	7 a ⊤	otal unr	elated business revenue			7a	734,750					
	b Ne	et unrela	ated business taxable inc	come from	n Form 990	0-T, line 34 .				7b		
									Prior Year		Current Year	
	8	8 Contributions and grants (Part VIII, line 1h)								46,008,585		
<u>₽</u>	9	Progra	Program service revenue (Part VIII, line 2g)							,376	7,042,436	
Ravenue	10	Inves								,567	17,663,900	
æ	11	Other	revenue (Part VIII, colu	umn (A), lu			0	(
	12	Total	revenue—add lines 8 thro	ough 11 (r	must equa	I Part VIII, colur	nn (A), l	ıne	71,698	528	73,127,61	
		12)							71,090	,320	/3,12/,01-	
	13	Grants	s and sımılar amounts pa	aid (Part I)	X, column	(A), lines 1-3)			11,333,800		11,968,639	
	14	Benefi	ts paid to or for members	s (Part IX	, column (A), line 4)				0	(
S	15		es, other compensation,	employee	benefits ((Part IX, column ((A), lines	s	31,221	,791	34,852,617	
S		5-10	,								<u> </u>	
Expenses	16a		ssional fundraising fees (•	, ,			•		0		
표	Ь		ındraısıng expenses (Part IX, c									
	17	Other	expenses (Part IX, colur	mn (A), lır	nes 11a-1	.1d,11f-24e) .			23,202	24,100,620		
	18		expenses Add lines 13-	•					65,757	,911	70,921,876	
	19	Reven	ue less expenses Subtra	act line 18	8 from line	212			5,940	,617	2,205,738	
Net Assets or Fund Balances								Beginn	ing of Current	Year	End of Year	
sets	20	Total	assets (Part X, line 16)						899,631	120	900,733,882	
A B	21		liabilities (Part X, line 10)					•	97,201	` +	120,252,57	
ĕĔ								•	•	-		
	22 1 III		ssets or fund balances S ature Block	Subtract III	ne 21 non	1 III 20	• •	•	802,429	,240	780,481,31	
Unde my ki	r pena nowled	Ities of Ige and	perjury, I declare that I h belief, it is true, correct, nowledge									
		,										
		****	ature of officer						2017-05-03			
Sigr		Signa	ature or officer						Date			
Her	е		N MASTEN ASSOC DIR FIN AD	OMIN								
		I	e or print name and title	Т	Dear 1	uanature.		Date	1	I DTTS:		
									Check I if	PTIN P015	17891	
Paid		-	Firm's name F KPMG LLP						self-employed Fırm's EIN ▶			
	pare	r -	Firm's name FRAMG LLP Firm's address > 345 Park Ave	enue					Phone no (21	2) 750	9700	
Use	Onl	y			22				rinone no (21	L) /30-	5,00	
		- 1	New York, NY	y 10154010	12				i .			

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

. ✓Yes No

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			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 instructions)? 💆	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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	
	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 2	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11 d		No
е	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 and XII 2	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ 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 "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 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 through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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,

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 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

31

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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

37 Yes 38 Form 990 (2015)

28h

28c

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34

35a

35b

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Yes

Yes

Yes

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		\			
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	•	 Yes	. ✓ No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	176		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to	vend	dors and reportable		.,	
٠.	_	ng (gambling) winnings to prize winners?	•		1c	Yes	
za	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered s return	2a	534			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year?	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a	Yes	
b	If "Ye See in (FBA R	es," enter the name of the foreign country	and	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?					
6 a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont is," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	ovide	ed?	7 b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	٠.	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Dıd th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ration file Form 8899 as	7 g		
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	ines:	s holdings at any time	8		
9a	Dıd th	ne sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Dıd th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson ⁷	9b		
10		on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ection 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 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	1
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

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

16b

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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

organization's exempt status with respect to such arrangements?

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records
 - ►MARY J MAZZA EINSTEIN DRIVE Princeton, NJ 08540 (609) 734-8208

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	` Misc)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI3C)		organization and related organizations
See Additional Data Table										
1b Sub-Total						<u> </u>				
c Total from continuation s		ection A	٠.							
d Total (add lines 1b and 1c	:)					▶		3,657,769	0	559,567

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such

marriaga I I I I I I I I I I I I I I I I I I		res
5 Did any person listed on line 1a receive or accrue compensation from an services rendered to the organization? <i>If "Yes," complete Schedule J for su</i>	·	i No
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent continuous compensation from the organization. Report compensation for the calend		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
C Raymond Davis Sons Inc, 2124 Kimberton Road KIMBERTON, PA 19442	General Contractor	5,165,150
PILLARI BROS CONSTRUCTION CORP, 65 SQUANKUM YELLOWBROOK ROAD FARMINGDALE, NJ 07727	GENERAL CONTRACTOR	1,126,971
Stevens Lee, 100 Lenox Drive Suite 200 LAWRENCEVILLE, NJ 08648	Attorney	746,330
HMR Architects, 821 Alexander Road Suite 115 PRINCETON, NJ 08540	Architect	746,228
Van Note-Harvey Associates, 103 College Rd East - Third Floor PRINCETON, NJ 08540	engineer	498,909
2 Total number of independent contractors (including but not limited to thos \$100,000 of compensation from the organization ► 16	e listed above) who received more than	
		Form 990 (2015)

orm 99	0 (20	15)						Page S
art V	Ш	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S ts	1a	Federated cam	paigns 1a					
ant	b	Membership du	ues 1b					
tributions, Gifts, Grants Other Similar Amounts	С	Fundraising eve	ents 1c					
itts Iar 7	d	Related organiz	zations 1d					
imi	е	Government grant	s (contributions) 1e	7,043,263				
tiori er S	f	f All other contributions, gifts, grants, and similar amounts not included above		41,378,015				
ibu Zthe	g	Noncash contributi	ons included in lines	5,076,993				
Contributions, Gitts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f		48,421,278			
				Business Code				
renu	2a	AUXILIARY SERVIC	ES	532000	7,042,436	4,977,869		2,064,56
₹.	b							
MCe	C							
Se.	d e							
Program Service Revenue	f	All other progra	am service revenue					
Prog	g		s 2a-2f		7,042,436			
	3	Investment inc	ome (including dividence	ds, interest,			724 750	257.76
	4		ar amounts)		992,519		734,750	257,76
	5	Royalties			0			
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inco	me or (loss)		0			
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	224,230,743	14,235				
	ь	Less cost or other basis and	207 EE9 920	14,767				
		sales expenses	207,558,830	-532				
	c d	Gain or (loss) Net gain or (los	16,671,913 (SS)	-552	16,671,381			16,671,38
nne	8a	Gross income f events (not inc	from fundraising		, ,			
Other Kevenue		\$ of contributions See Part IV , lir	s reported on line 1c) ne 18					
)the	ь	Less direct ex	penses b					
ر	c		ا loss) from fundraising () ا	events ▶	0			
	9a		from gaming activities ne 19					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actıv	vities	0			
	10a	Gross sales of returns and allo						
	1.	1	a					
	b c	_	oods sold . . b [(loss) from sales of inve	entory	0			
		Miscellaneous		Business Code				
	11a							
	Ь							
	C _	All add						
	d e	All other reven Total. Add lines	L	•				
	12				0			
		iocal revenue.	See Instructions	• • • •	73,127,614	4,977,869	734,750	18,993,71

Part IX Statement of Functional Expenses

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

	Check it Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,722,339	10,722,339		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,246,300	1,246,300		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,206,725	141,750	836,500	228,475
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	19,280,864	10,489,237	7,788,001	1,003,626
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,220,463	1,546,133	590,037	84,293
9	Other employee benefits	10,853,981	7,557,745	2,884,198	412,038
10	Payroll taxes	1,290,584	898,648	342,943	48,993
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	372,226		372,226	
С	Accounting	208,250		208,250	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	3,185,475		3,185,475	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,250,696	1,017,086	1,147,873	85,737
12	Advertising and promotion	0	222.740	040 500	
13	Office expenses	1,086,469	232,748	819,528	34,193
14	Information technology	1,073,996	329,246	721,476	23,274
15	Royalties	0			
16	Occupancy	2,144,160	1,933,603	210,557	
17 18	Payments of travel or entertainment expenses for any federal,	2,759,486	2,475,581	214,325	69,580
19	state, or local public officials	1 690 435	607.711	011 603	90.031
20	Conferences, conventions, and meetings Interest	1,689,425	697,711 2,104,598	911,693 47,579	80,021
21	Payments to affiliates	2,152,177	2,104,398	47,379	
22	Depreciation, depletion, and amortization	4,849,131	4,510,708	338,423	
23	Insurance	378,719	4,310,700	378,719	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	370,713		370,713	
а	BOOKS & PERIODICALS	731,538	702,188	16,093	13,257
b	RECRUITING	182,644	23,409	159,235	
c	DONOR RELATIONS	230,530		171,221	59,309
d	FELLOWS/EMPLOYEE WELFARE	322,987	7,317	311,820	3,850
е	All other expenses	482,711	134,588	329,300	18,823
25	Total functional expenses. Add lines 1 through 24e	70,921,876	46,770,935	21,985,472	2,165,469
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

45,637

9.984.235

21,743,702

2,012,735

630 565

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0

0

0

0

922,652

90,673,753

63,957,495

701,211,520

9.551.588

8,832,768

10,845,676

42,735,000

74,665

57,764,462

120,252,571

357,099,237

170,493,442

252,888,632

780,481,311

900,733,882 Form 990 (2015)

900,733,882

(A)

Beginning of year

48,454

86,407

642.566

0 6

0

831.440

83,092,278

72,218,176

695,061,512

9,249,517

7,914,349

5,310,557

44,910,000

147,861

38,919,107

97,201,874

387,032,882

182 703 391

232,692,973

802.429.246

899,631,120

899,631,120

179,741,126

89,067,373

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30.041.254

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

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other 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) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

1

2

3

4

5

6

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10a

b

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17

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19

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34

Balances

Fund

Ö

Assets

Net

Form 990 (.	2015)	Pag
Part X	Balance Sheet	

FOITH 990 (2015)	Pag
Part X	Balance Sheet	

2,205,738 802,429,246

			, ,
5	Net unrealized gains (losses) on investments	5	-23,157,47
6	Donated services and use of facilities	6	
7	Investment expenses	7	
_			

		כ	-23,137,473
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-996,198

Cash Accrual Other

Both consolidated and separate basis

☐ Both consolidated and separate basis

10

780,481,311

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Software ID: Software Version:

EIN: 21-0634988

Name: INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	ctor tors	s,T	rus	tees	, K	ey Employees	, Highest	ı	
(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot ecto	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BRIAN F WRUBLE TREASURER	2 0	x		х				0	0	C	
CHARLES SIMONYI CHAIRMAN	2 0	х		×				0	0	C	
JAMES H SIMONS VICE CHAIRMAN	2 0	×		×				0	0	C	
MARTIN L LEIBOWITZ PRES & VICE CHAIRMAN THRU 5/16	2 0	x		х				0	0	C	
NANCY S MACMILLAN SECRETARY	2 0	x		×				0	0	C	
ROBBERT DIJKGRAAF TRUSTEE / DIRECTOR	40 0	x		х				575,317	0	72,854	
AFSANEH BESCHLOSS TRUSTEE	10	x						0	0	C	
BENEDICT H GROSS TRUSTEE	10	x						0	0	C	
CARMELA FRANKLIN TRUSTEE THRU 5/16	10	×						0	0	C	
DAVID F MARQUARDT TRUSTEE	10	×						0	0	C	

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

Compensated Employees, and Inde	penaent Co	ntrac	tor	5					i ·	i	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
DAVID M RUBENSTEIN	1 0										
TRUSTEE	0 0	×				!	!	0	0	U	
E ROBERT FERNHOLZ	1 0	x						0	0	_	
TRUSTEE	0 0					!	!			l	
ERIC E SCHMIDT	2 0	x						0	0	С	
TRUSTEE	0.0	<u> </u> '				<u> </u>	\bigsqcup'				
JEFFREY HARVEY	1 0	х						0	0	(
TRUSTEE	0 0	<u> </u>				<u> </u>	!				
JONATHAN NELSON	1 0	х						0	0	(
TRUSTEE	0 0				L	<u> </u>	<u>'</u>				
MARGARET LEVI	1 0	×						0	0		
TRUSTEE THRU 5/16	0 0					!	!				
MARIO DRAGHI	1 0	x						0	0	,	
TRUSTEE	0.0	^									

0 0 10

0 0 10

0 0

0 0

Х

MARTIN REES

TRUSTEE

TRUSTEE

TRUSTEE

.....

NANCY B PERETSMAN

NARAYANA MURTHY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	s				•	-	-
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
NEIL CHRISS	1 0	×						0	0	,
TRUSTEE	0 0	^`								
PETER SVENNILSON TRUSTEE	1 0	x						0	0	C
ROGER W FERGUSON JR TRUSTEE	2 0	×						0	0	C
SANDY PETERSON TRUSTEE	1 0	×						0	0	C
SHELBY WHITE VICE CHAIRMAN FROM 5/16	10	×						0	0	C
SHIRLEY TILGHMAN TRUSTEE	2 0	x						0	0	C
SPIRO LATSIS	1 0	v						0	0	r

00 10

0 0 10

0 0

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Χ

TRUSTEE THRU 5/16

TRUSTEE FROM 5/16

LORRAINE DASTON TRUSTEE FROM 5/16

TRUSTEE

VEENA DAS

VICTORIA B BJORKLUND

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 per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Miscy	Miscy	and related organizations
JOHN OVERDECK	1 0	x						0	0	
TRUSTEE FROM 10/15	0 0								0	
FREDERICK VAN SICKLE	40 0									
ASSC DIR DEVL AND PUBL AFFAIRS	0 0			×				373,875	0	65,354
JOHN MASTEN ASSC DIRECTOR FIN AND ADMIN	40 0			×				395,349	0	59,086
MARK BAUMGARTNER	0 0 40 0									
CHIEF INVESTMENT OFFICER	0 0					х		525,846	0	63,354
MATIAS ZALDARRIAGA NATURAL SCIENCE FACULTY	40 0					x		376,827	0	65,681
SCOTT TREMAINE NATURAL SCIENCE FACULTY	40 0					х		376,611	0	56,979
NICOLA DICOSMO HISTORICAL STUDIES FACULTY	40 0					х		356,138	0	59,638
VLADIMIR VOEVODSKY	40 0									
MATHEMATICS FACULTY	0 0					Х		354,195	0	61,192

323,611

55,429

PETER GODDARD

FORMER DIRECTOR & PROFESSOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Open to Public Inspection

DLN: 93493128017507 OMB No 1545-004

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

21-0634988

Department of the Treasury Internal Revenue Service

Part I

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1

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3

990EZ)

(Form 990 or

Name of the organization

INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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

hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	>	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
Gifts, grants, contribution membership fees received not include any unusua	ions, and ved (Do	102,842,832	26,660,974	36,564,851	46,008,585	48,421,278	260,498,520
2 Tax revenues levied for organization's benefit a paid to or expended on	and either						0
The value of services of furnished by a government to the organization with charge	nental unit						0
4 Total. Add lines 1 throi	ugh 3	102,842,832	26,660,974	36,564,851	46,008,585	48,421,278	260,498,520
5 The portion of total cor by each person (other t governmental unit or pi supported organization on line 1 that exceeds amount shown on line 1 (f)	than a ublicly) included 2% of the						130,299,643
6 Public support. Subtraction line 4							130,198,877
Section B. Total Sup	port						

from line 4							130,198,877
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 20	015	(f) ⊤otal
7 A mounts from line 4	102,842,832	26,660,974	36,564,851	46,008,585	48	3,421,278	260,498,520
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-1,745,588	-649,441	171,123	357,100		249,891	-1,616,915
Net income from unrelated business activities, whether or not the business is regularly carried on	294,983	763,078	-365,699				692,362
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,803,367	1,751,908	1,966,483	1,983,481	2	2,064,567	9,569,806
11 Total support. Add lines 7 through 10							269,143,773
12 Gross receipts from related activi	ties, etc (see ins	tructions)			12		21,877,585
13 First five years.If the Form 990 is	for the organizati	ion's first, second	, third, fourth, or	fifth tax year as a	section	501(c)(3	3) organization,
check this box and stop here						.▶ □	

Section C. Computation of Public Support Percentage

and **stop here.** The organization qualifies as a publicly supported organization

	ection c. computation of Fubic Support Fercentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	48 375 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	45 929 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶▽

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

(Complete only if you checked the box on line 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

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Inspection

DLN: 93493128017507

NS	me of the organization STITUTE FOR ADVANCED STUDY -				Emplo	oyer identifica	ition numb	er
	JIS BAMBERGER & MRS FELIX FULD FOUNDATION					634988		
26	Organizations Maintaining Dono Complete if the organization answer	r Advised Funds o ed "Yes" on Form 99	i r Oth 90. Pa	ier Similar F irt IV. line 6.	unds o	r Accounts	5.	
		(a) Donor advised fu		,	(b)	unds and oth	er account:	s
	Total number at end of year							
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor funds are the organization's property, subject to	_			nor advis	ed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or	donor	advisor, or for a	ny other		☐ Yes	∏ No
ē	rt III Conservation Easements. Compl	ete if the organizatio	n ans	swered "Yes"	on Form	990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by t	he organization (check	all tha	t apply)				
	Preservation of land for public use (e g , rec education)	reation or	<u></u> Р	reservation of a	ın hıstorı	cally importar	nt land area	ì
	Protection of natural habitat		_ P	reservation of a	certified	l historic stru	cture	
	Preservation of open space							
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conser	vation	contribution in	the form	of a conserva	tion	
						Held at the	e End of th	e Year
a	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easem				2b			
C	Number of conservation easements on a certifie			• •	2 c			
d	Number of conservation easements included in (historic structure listed in the National Register		06, an	id not on a	2d			
	Number of conservation easements modified, tra	insferred, released, ext	ınguısl	hed, or terminat	ed by the	organization	during the	
	tax year ▶							
	Number of states where property subject to cons	servation easement is l	ocatec	i ▶				
	Does the organization have a written policy rega violations, and enforcement of the conservation		torıng,	inspection, han	dling of	┌ ʏ	es	lo
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of	violat	ions, and enforc	ing cons	ervation ease	ments duri	ng the
	>							
	A mount of expenses incurred in monitoring, insp ▶ \$	ecting, handling of viola	ations,	, and enforcing c	onserva	ion easement	ts during th	ie year
	Does each conservation easement reported on I (B)(I) and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy t	he req	uirements of se	ction 17	O(h)(4)	es \[\	lo
	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the						

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (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 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

P \$ _____

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintainin (continued)	g Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other re	cords, check any	of the following that	are a significant us	e of its
а	∇ Public exhibition		d ✓ L	oan or exchange pro	grams	
b	✓ Scholarly research		e	ther		
c	✓ Preservation for future generation:	S				
4	Provide a description of the organizatio	n's collections and ex	kplain how they fui	ther the organizatio	n's exempt purpose	ın
5	During the year, did the organization so	licit or receive donat	ions of art, histori	cal treasures or oth	er sımılar	
	assets to be sold to raise funds rather t	than to be maintained				s 🗸 No
Par	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		n Form 990, Pa	rt IV, line 9, or re	ported an amour	nt on Form 990,
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or other inte	rmediary for conti	abutions or other as	sets not	s No
Ь	If "Yes," explain the arrangement in	Part XIII and comple	ete the following ta	ble	Am	ount
c	Beginning balance			10	c	
d	Additions during the year			10	d	
e	Distributions during the year			10		
f	Ending balance			1	+	
2 a	Did the organization include an amount	on Form 990, Part X,	, line 21, for escro	w or custodial acco	unt liability? Tye :	s No
h					·	
b	If "Yes," explain the arrangement in Pairt V Endowment Funds. Comp					
Ра	endowment runds. Compl	(a)Current year	(b)Pnor year	b (c)Two years back	(d)Three years back	(e)Four years back
1 a	Beginning of year balance	786,405,797	741,259,220	682,549,779	636,275,875	586,578,150
b	Contributions	20,614,885	31,582,005	21,495,122	10,536,512	75,553,975
c	Net investment earnings, gains, and losses	-8,589,198	52,999,310	88,037,490	63,955,315	11,018,004
d	Grants or scholarships					
е	Other expenditures for facilities and programs	43,833,251	39,434,738	50,823,171	28,217,923	36,874,254
f	Administrative expenses					
g	End of year balance	754,598,233	786,405,797	741,259,220	682,549,779	636,275,875
2	Provide the estimated percentage of the	e current year end ba	lance (line 1g, col	umn (a)) held as		
а	Board designated or quasi-endowment	45 290 %				
b	Permanent endowment ► 33 510 %					
c	Temporarily restricted endowment ▶	21 200 %				
За	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the p	•		neld and administer	ed for the	
	organization by					Yes No
	(i) unrelated organizations					(ii) No (ii) No
b	(ii) related organizations If "Yes" on 3a(ii), are the related organ			R?	<u> </u>	3b NO
4	Describe in Part XIII the intended uses					
Par	rt VI Land, Buildings, and Equi	pment.				
	Complete if the organization Description of property	answered 'Yes' to	Form 990, Part	IV, line 11a.See	Form 990, Part X	(, line 10. (d)Book value
			Cost or other (investmen	basis Cost or other ba		
	Land			377,	470	377,470
b	Buildings			136,904,	499 55,344,28	0 81,560,219
С	Leasehold improvements		•			1
	Equipment		•	34,575,	593 32,392,15	8 2,183,435
е	O ther			7,883,	564 1,330,93	5 6,552,629
Tota	al. Add lines 1a through 1e (Column (d) ma		art X, column (B), II.			90,673,753

See Form 990, Part X, line 12.			
(a) Description of security or categor (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) LIMITED PARTNERSHIPS		157,237,113	F
(B) HEDGE AND OFFSHORE FUNDS		543,974,407	F
(b) HEBOL AND OTTSHOKE FORDS		545,774,07	1
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	701,211,520	
Complete if the organization answere	ed 'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizate (a) Des	tion answered 'Yes' on	Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization (a) Des	tion answered 'Yes' on cription et al. (1997)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the property of the part X, line 25.	tion answered 'Yes' on cription et al. (1997)	d 'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)	d 'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION ASSET RETIREMENT OBLIGATION	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION ASSET RETIREMENT OBLIGATION BOND SWAP LIABILITY	tion answered 'Yes' on cription e 15) ganization answere (b) Book value 1,913 18,473		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION	tion answered 'Yes' on cription e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION ASSET RETIREMENT OBLIGATION BOND SWAP LIABILITY	tion answered 'Yes' on cription e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION ASSET RETIREMENT OBLIGATION BOND SWAP LIABILITY	tion answered 'Yes' on cription e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes SPLIT INTEREST AGREEMENTS POSTRETIREMENT BEN OBLIGATION ASSET RETIREMENT OBLIGATION BOND SWAP LIABILITY	tion answered 'Yes' on cription e 15)		(b) Book value

Schedule D (Form 990) 2015

1 2

Part XIII

information

Return Reference

SCHEDULE D, PART III, LINE 1A -

RARE BOOK COLLECTION

45,788,465

d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	-24,153,67
3	Subtract line 2e from line 1	3	69,942,13
4	A mounts 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 3,185,475		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	3,185,47
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	73,127,61
Part	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	y pei	
1	Total expenses and losses per audited financial statements	1	67,736,40
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	67,736,40
4	Amounts 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 3,185,475		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	3,185,47
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	70,921,87

2a

2b

2c

-23,157,476

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

THE INSTITUTE HOLDS A COLLECTION OF RARE BOOKS USED TO FURTHER SCHOLARLY

RESEARCH, IN ACCORDANCE WITH THE MISSION STATEMENT A VALUATION OF THE RARE BOOK COLLECTION IS INCLUDED IN THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Supplemental Information

Donated services and use of facilities

Recoveries of prior year grants . . .

OMB No 1545-0047

Open to Public Inspection

SCHEDULE E (Form 990 or 990-EZ)

Treasury

Schools

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

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

Internal Revenue Service

Name of the organization **Employer identification number** INSTITUTE FOR ADVANCED STUDY LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION 21-0634988 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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 a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Return Reference Explanation

SCHEDULE E. LINE 3 - NONDISCRIMINATORY ADVERTISEMENTS ARE PUBLISHED IN EDUCATIONAL CHRONICLES A

Schedule E (Form 990 or 990EZ) (2015)

POLICY

ADVERTISEMENTS ARE PUBLISHED IN EDUCATIONAL CHRONICLES AND JOURNALS NOTICES ARE ALSO POSTED AT COLLEGES AND UNIVERSITIES

GRANTS ARE RECEIVED FROM VARIOUS GOVERNMENTAL AGENCIES, INCLUDING T DEPARTMENT OF ENERGY, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRA

Page 2

SCHEDULE E, LINE 6A - FINANCIAL AID OR
ASSISTANCE FROM GOVERNMENTAL
AGENCY

GRANTS ARE RECEIVED FROM VARIOUS GOVERNMENTAL AGENCIES, INCLUDING THE
DEPARTMENT OF ENERGY, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION,
AND THE NATIONAL SCIENCE FOUNDATION

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -		DLN: 9	9349312801750
SCHEDULE F	Statement of	Activities (es -	OMB No 1545-004		
(Form 990) Department of the Treasury Internal Revenue Service	·	Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. to Form 990. and its instructions is at <i>w</i>	·	orm990.	2015 Open to Public Inspection
Name of the organization INSTITUTE FOR ADVANCE LOUIS BAMBERGER & MRS	FELIX FULD FOUNDATI				ployer ident -0634988	ification number
	ormation on Activiti		he United States. orm 990, Part IV, line	14b		
and other assistance used to award the grantmakers. D assistance outside the	e, the grantees' eligibi rants or assistance? escribe in Part V the o he United States	lity for the gra	ds to substantiate the nts or assistance, and procedures for monitoring the state of the state o	the selection	on criteria	✓ Yes ts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity li program serv specific service(s)	rice, describe type of	(f) Total expenditures for and investments in region
(1) See Add'l Data		region	, og.o.vy			
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation to Part I c Totals (add lines 3a ar	nd 3b)					499,178,7 499,178,7
c Totals (add lines 3a ar For Paperwork Reduction Act N		for Form 990.	Cat	No 50082W	/ Sched	499,178,7 ule F (Form 990) 2015

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. Part II can be duplicated if additional space is needed.

. (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(10)								

Page 3 Part III Part III can be duplicated if additional space is needed. Page 3 Part III can be duplicated if additional space is needed.							
(1) NAMUKOBA JANE	Sub-Saharan Africa	1	12,270	WIRE !		N/A	N/A
(2) BENJAMIN KUMWENDA	Sub-Saharan Africa	1	12,258	WIRE		N/A	N/A
(3) ALEXIS BOUTHIER	Europe (Including Iceland and Greenland)	1	758	WIRE		N/A	N/A
(4)				'			
(5)		†		'			
(6)		†		'			
(7)		+ +		<u>'</u>			-
(8)		†		<u>'</u>			
(9)		+		<u> </u>			
(10)		1		<u>'</u>			
(11)		1		<u>'</u>			
(12)		+ + +		<u> </u>			
(13)		+ + +		<u> </u>			
(14)		1		<u>'</u>			
(15)		1		<u>'</u>			
(16)		†		<u>'</u>			
(17)		+		<u>'</u>			
(18)		+					

Yes 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships ▽ (see Instructions for Form 8865) Yes

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, do not file with Form 990) Yes

Nο

Νo

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 2	MONITORING THE USE OF GRANT FUNDS The Institute for Advanced Study's grants are aw arded by the Science Initiative Group (SIG), an IAS-based team dedicated to fostering science in d eveloping countries. 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 popula tion of qualified faculty teaching in Africa's universities. RISE prepares PhD- and MSc-le vel scientists and engineers through university-based research and training networks in se lected disciplines its primary emphases are on preparing new faculty to teach in African universities and on upgrading the qualifications of current faculty. RISE networks provide comprehensive graduate training programs, where students and faculty seeking advanced deg rees can take advantage of the COMPLIMENTARY instruction and research opportunities available 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 bene fits the universities as well, as each gains capacity through affiliation with the others. RISE is supported by grants from the Carnegie Corporation of New York. RISE networks were selected through a competitive process. Selection criteria included scientific merit, training capacity, research activities, evidence of institutional support, added value of the network versus separate support to individual institutions, and potential for sustainability. An especially important criterion was a strategy for retaining at universities in the region faculty members who have received their training through RISE. Detailed application in materials were submitted as part of the selection process, as described on the RISE webs ite at http://sig ias.edu/rise. Grantees are required to

990 Schedule F, Supplemental Information

Return Reference Explanation

SCHEDULE F, LINE 3, COL F
FOREIGN INVESTMENTS - THE INVESTMENT EXPENDITURES REPORTED IN SCHEDULE F, PART I, LINE 3 C
OLUMN (F) IS THE MARKET VALUE AS OF JUNE 30, 2016, AS THIS IS HOW THE INVESTMENTS ARE ACCO
UNTED FOR ON THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS

Additional Data

East Asia and the Pacific

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

EIN: 21-0634988

Name: INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Scholar Collaboration

Scholar Collaboration

23,198

514,975

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	Scholar Collaboration	7,809

Program Services

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Program Services Scholar Collaboration 22,615 Africa North America Program Services Scholar Collaboration 12,421

Program Services

Scholar Collaboration

2,507

Form 990 Schedule F Part I - Activities Outside The United States

South America

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) South Acia Program Services Scholar Collaboration 2,670 IProgram Services Scholar Collaboration 123,838

Grantmakınd

757

Form 990 Schedule F Part I - Activities Outside The United States

Europe (Including Iceland

and Greenland)

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) Sub-Saharan Africa Grantmaking 1,199,043 46,500

lInvestments

482,087,639

South Asia Grantmakıng

Form 990 Schedule F Part I - Activities Outside The United States

Central America and the

Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region)

Investments

15,134,793

North America

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa |Educational Payment | 262,265 WIRE IN/A IN/A 100,000 WIRE Sub-Saharan Africa STIPEND IN/A IN/A

390,000 WIRE

IN/A

IN/A

IN/A

IN/A

		Educational Payment			
	Sub-Saharan Africa	EDUCATIONAL	400,000	WIRE	

IEDUCATIONAL

PAYMENT

PAYYMENT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (e) A mount of (f) Manner of (a) Name of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa IEDUCATIONAL . 10.000 WIRE N/A N/A **IPAYMENT**

12.250 WIRE

46,500 WIRE

IN/A

IN/A

N/A

Τ				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

South Asia

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IEDUCATIONAL

IPAYMENT

IPAYMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

Internal Revenue Service

Name of the organization

INSTITUTE FOR ADVANCED STUDY -

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

Employer identification number

21-0634988

DLN: 93493128017507

Open to Public Inspection

LOUIS BAMBERGER & MRS FELIX F	OLD FOUNDATION					21 003 1300	
Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 53 Enter total number of other org.						_	
For Paperwork Reduction Act Notice, se	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

PHYSICS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistar	nce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance				
(1) Fellowship Grants to Members	5	195	10,722,339		N/A	N/A				
Part IV Supplemental I	Informat	ion. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.				
Return Reference	Explanation	on								
SCHEDULE I, PART I, LINE 2 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 PRECEDING THE YEAR IN MEMBERSHIP APPLICATION MATERIALS AND GUIDELINES ARE AVAILABLE ON THE INSTITUTE'S WEBSITE FROM EACH OF THE FOUR SCHOOLS THE SCHOOL OF HISTORICAL STUDIES, THE SCHOOL OF MATHEMATICS, THE SCHOOL OF NATURAL SCIENCES, AND the

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

DLN: 93493128017507

reas	ury nal Revenue Service	F Information about Schedule 5 (1 offin	330	y and its instructions is at <u>www.irs</u>		Insp	ectio	n
Νa	me of the organiz				Employer identific	ation nui	nber	
	TITUTE FOR ADVANC JIS BAMBERGER & MI	RS FELIX FULD FOUNDATION			21-0634988			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		opiate box(es) if the organization provide Section A , line 1a Complete Part III to						
	First-clas	s or charter travel	 	Housing allowance or residence fo	r personal use			
	<u> </u>	companions	Ë	Payments for business use of pers	·	i	İ	ĺ
		nification and gross-up payments	<u></u>	Health or social club dues or initia		i	İ	ĺ
	<u> </u>	nary spending account	~	Personal services (e g , maid, cha	uffeur, chef)	į	į	į
b		xes in line 1a are checked, did the organ or provision of all of the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	organization's (ıf any, of the following the filing organiza CEO/Executive Director Check all that a ed organization to establish compensatio	apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	Г	Written employment contract				
	✓ Independe	ent compensation consultant	~	Compensation survey or study				
	✓ Form 990	of other organizations	~	Approval by the board or compens	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, Par anization	t VII	I, Section A, line 1a with respect to	the filing organizati	on		
а	Receive a seve	rance payment or change-of-control pay	men	t?		4a		No
b	Participate in, o	or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-base	d cor	mpensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organization	s mu	ıst complete lines 5-9.				
5		ted on Form 990, Part VII, Section A , lir contingent on the revenues of	e 1a	, did the organization pay or accrue	any			
а	The organization	n?				5a		Νo
b	Any related org					5b		Νo
_	•	e 5a or 5b, describe in Part III	. 1 .	did the every street was a second				
6		ted on Form 990, Part VII, Section A , lir contingent on the net earnings of	ета	r, aid the organization pay of accrue	ally			
а	The organization	n?				6 a		Νo
b	Any related org	ianization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A , lir lescribed in lines 5 and 6? If "Yes," desc		, , ,	on-fixed	7	Yes	
8		nts reported on Form 990, Part VII, paid nitial contract exception described in Re				8		No
9	If "Yes" on line	8, did the organization also follow the re	butta	able presumption procedure describ	ed in Regulations			NO

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROBBERT DIJKGRAAF TRUSTEE / DIRECTOR	(i)	547,901		27,416	37,208	35,646	648,171	
	(ii)							
2 PETER GODDARD FORMER DIRECTOR & PROFESSOR	(i)	317,577		6,034	37,208	18,221	379,040 	
	(ii)							
3 FREDERICK VAN SICKLE ASSC DIR DEVL AND PUBL AFFAIRS	(i)	347,651	25,000	1,224	37,208	28,146	439,229	
4 JOHN MASTEN	(ii)	207 500						
ASSC DIRECTOR FIN AND ADMIN	(i)	387,500		7,8 4 9	37,208	21,878	454,435 	
5 MARK BAUMGARTNER	(ii)	524,901						
CHIEF INVESTMENT OFFICER	(i)			945	37,208	26,146	589,200	
6 MATIAS ZALDARRIAGA	(ii)	376,487						
NATURAL SCIENCE FACULTY	(i)	370,407		340	37,208	28,473	442,508	
	(ii)							
7 SCOTT TREMAINE NATURAL SCIENCE FACULTY	(i)	371,527		5,084	37,208	19,771	433,590	
	(ii)							
8 NICOLA DICOSMO HISTORICAL STUDIES	(i)	354,363		1,775	37,208	22,430	415,776	
FACULTY	(ii)							
9 VLADIMIR VOEVODSKY MATHEMATICS FACULTY	(i)	353,703		492	37,208	23,984	415,387	
	(ii)							

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inf	ormation
Provide the information, explanatio	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	THE INSTITUTE OWNS A RESIDENCE IMMEDIATELY ADJACENT TO THE CAMPUS WHERE IT REQUIRES THE DIRECTOR TO RESIDE THE INSTITUTE PROVIDES MAINTENANCE AND HOUSE-KEEPING SERVICES FOR THE PROPERTY THE INSTITUTE TREATS SUCH HOUSING AS NON-TAXABLE HOUSING PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER UNDER INTERNAL REVENUE CODE SECTION 119 THE VALUE OF THE HOUSING IS INCLUDED IN THE DIRECTOR'S NON-TAXABLE BENEFITS IN COLUMN 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, PART I, LINE 7 - INCENTIVE PAY	THREE INVESTMENT OFFICE EMPLOYEES RECEIVE INCENTIVE COMPENSATION BASED ON THEIR INDIVIDUAL JOB PERFORMANCE AND ON THE RELATIVE PERFORMANCE OF THE INSTITUTE'S ENDOWMENT COMPARED WITH MARKET INDICES AND MARKET COMPARISON GROUPS

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 21-0634988

Name: INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art 1	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	GC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ROBBERT DIJKGRAAF TRUSTEE / DIRECTOR	(1)	547,901		27,416	37,208	35,646	648,171	
1PETER GODDARD FORMER DIRECTOR & PROFESSOR	(I) (II)	317,577		6,034	37,208	18,221	379,040	
2FREDERICK VAN SICKLE ASSC DIR DEVL AND PUBL AFFAIRS	(1)	347,651	25,000	1,224	37,208	28,146	439,229	
3JOHN MASTEN ASSC DIRECTOR FIN AND ADMIN	(1)			7,849	37,208	21,878	454,435	
4MARK BAUMGARTNER CHIEF INVESTMENT OFFICER	(I) (II)	524,901		945	37,208	26,146	589,200	
5MATIAS ZALDARRIAGA NATURAL SCIENCE FACULTY	(1)			340	37,208	28,473	442,508	
6 SCOTT TREMAINE NATURAL SCIENCE FACULTY	(I) (II)	371,527		5,084	37,208	19,771	433,590	
7NICOLA DICOSMO HISTORICAL STUDIES FACULTY	(I) (II)			1,775	37,208	22,430	415,776	
8VLADIMIR VOEVODSKY MATHEMATICS FACULTY	(I) (II)			492	37,208	23,984	415,387	

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

Supplemental Information on Tax Exempt Bonds

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

DLN: 93493128017507 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

▶ Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization

Nam	mai Revenue Service ne of the organization STITUTE FOR ADVANCED ST	TIDY.								Em	ployer id	lentifica	tion nun	nber	
	JIS BAMBERGER & MRS FELI		N							21	-06349	88			
P	art I Bond Issues	,													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f)	Description	n of purpose	(g) D∈	(g) Defeased		On alf of uer	(i) Pool financing	
										Yes	No	Yes	No	Yes	No
A	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES B	22-1829511	64605LQ92	07-19-2006	29,600		DVA PART		IDING - SEE		×		X		х
В	NJ EDU FAC AUTH IAS ISSUE 2006 SERIES C	22-1829511	64605L7Q5	03-15-2007	20,000	0,000 C	CAPIT	AL IMPRO	VEMENTS		х		×		х
c	NJ EDU FAC AUTH IAS ISSUE 2008 SERIES C	22-1829511	646065PY2	04-17-2008	11,818		CURRENT REFUNDING - SEE PART V			Х		Х		×	
Pa	rt III Proceeds												1		
						A			В		С			D	
1	A mount of bonds retired .					6,200,	,000		4,000,000		8,48	3,513			
2	A mount of bonds legally defeased						0 0								
3	Total proceeds of issue			32,214,	,439		20,814,743		11,88	5,689					
4	Gross proceeds in reserve						0		0			·			
5	Capitalized interest from pi						0		0			0			
6	Proceeds in refunding escr						0		0			0			
7	Issuance costs from proce					473	73,908 266,350		236.		6,370				
8	Credit enhancement from p					.,,,,	0		0		230,370				
9	Working capital expenditur	es from proceeds .					0		0			0			
10	Capital expenditures from [proceeds					0		20,548,393			0			
11	Other spent proceeds			1		31,740,	,531		0		11,64	9,319			
12	Other unspent proceeds .						0		0			0			
13	Year of substantial comple	tion			20	006		20	12	:	2008				
					Yes	No		Yes	No	Yes	I	No	Yes		No
14	Were the bonds issued as p	part of a current refun	dıngıssue?			×			х	×					
15	Were the bonds issued as p	part of an advance ref	unding issue?		Х				Х			Х			
16	Has the final allocation of p	proceeds been made?			х			Х		Х					
17	Does the organization mair allocation of proceeds?	•		port the final	х			х		х					
Pa	rt IIII Private Business		· · ·						<u> </u>						
						A			3		С			D	
					Yes	No		Yes	No	Yes	r	No	Yes		No

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

property financed by tax-exempt bonds? . . . _ _ Are there any lease arrangements that may result in private business use of bondΧ

Χ

			A			,		C		ט
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but	siness use				Х				
b	of bond-financed property?	her outside								
_	counsel to review any management or service contracts relating to the finance					Х				
prope	, , , , , , , , , , , , , , , , , , ,	£ 1								
С	Are there any research agreements that may result in private business use o financed property?	f bond-				X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot counsel to review any research agreements relating to the financed property?					x				
4	Enter the percentage of financed property used in a private business use by ε other than a section $501(c)(3)$ organization or a state or local government .			0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another \$501(c)(3) organization, or a state or local government	section								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			x		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of	'		'			•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1 141-12 and 1 145-2?	ctions		×		X				
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			×	х					
Par	t IV Arbitrage	•	•	•	•	•		•	•	•
		А			В		С		D	
	_	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	×				X		
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х					Х		
b	Exception to rebate?		Х					Х		
С	No rebate due?	Х				Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Х		Х				Х		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	x			х			Х		
b	Name of provider	ee Part VI		0		0				
С	Term of hedge		21 %							
d	Was the hedge superintegrated?		Х							
е	Was the hedge terminated?		Х							
	·	<u>'</u>				•	•	•		

contract (CIC)

Were gross proceeds invested in a guaranteed investment

No

D

Yes

	contract (GIC)?				1					
b Name of provider		0		0		0				
С	Term of GIC									
d		harbor for establishing the fair market								
Were any gross proceeds invested beyond an available temporary period?		×		Х			x			
Has the organization established written procedures to monitor the requirements of section 148?		х		x		×				
Pa	rt V Procedures Te	o Undertake Corrective Action	•	•	•	•	•			
			А В							
				L	В		С		D	
			Yes	No	Yes	No	Yes	No	Yes D	No
	that violations of federa and corrected through t	stablished written procedures to ensure il tax requirements are timely identified the voluntary closing agreement program if available under applicable regulations?	Yes	No		No	Yes X	No		No
Pa	that violations of federa and corrected through t self-remediation is not	ıl tax requirements are timely identified the voluntary closing agreement program if	X		Yes		х			No
Pa	that violations of federa and corrected through t self-remediation is not	il tax requirements are timely identified the voluntary closing agreement program if available under applicable regulations?	X		Yes		х			No

Α

No

Yes

В

Yes

No

C

Yes

No

Return Reference Explanation 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 SCHEDULE K, PART II, LINE 3 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 SCHEDULE K, PART IV, LINE 2C COLUMN (A) - JUNE 30, 2016 FOR THE 2006 B BOND COLUMN (C) - JUNE 30, 2016 FOR THE 2008 C BOND SCHEDULE K, PART IV, LINE 4B THE HEDGE PROVIDER IS WELLS FARGO BANK

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, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493128017507

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

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

2015 Open to Public

			(section 5	501(c)(3), se	ction 501(c)(4). and 501(c)	21	-0634	1988		number				
	lete if the organiza										10b				
1 (a) Nam	e of disqualified pe	rson	(b) Rela	tionship betv	veen disqualifi	ied person and	(c) Des	ription	of	(d) Corr	ected?			
				org	ganızatıon			trans	action		Yes	No			
2 Enter the a	mount of tax incuri	red by organiz	zation mai	nagers or disc	qualified perso	ons during the	vearıı	nders	ection						
									> \$ -						
	mount of tax, if any														
• Linter the a	illioulit of tax, if ally	,, on time 2, at	bove, rein	ibuised by til	e organizaciói			•	- Р						
Part III Lo	ans to and/or	From Inte	rested	Persons.											
	mplete if the organi				-EZ, Part V, I	ine 38a, or Foi	rm 990), Pari	t IV, line	e 26, o	rıfthe				
	anization reported														
(a) Name of	(b) Relationship	(c) Purpose	1 ' '		(e)O riginal	(f)Balance		In	(h		(i)Wrı				
ınterested	with organization	of loan	or from		principal	due	defa	ult?	Appro		agreen	nent?			
person						organizat	ion?	amount				by boa			
				T_				T	commi	1	+	T			
			То	From	710.056	520 555	Yes	No	Yes	No	Yes	No			
PETER	FORMER	Mortgage		×	710,056	630,565		No	Yes		Yes				
(1) GODDARD	DIR/FACULTY			_					-	-	+				
				_							+				
											1				
										1					
											1				
Γotal	L	▶ \$	1		I	630,565		<u> </u>	1	1	1	1			
	nto ou Appieto		Alma Tad	ouested D		030,303									
	ants or Assista nplete if the orga					+ IV/ luna 27									
									т.,						
(a) Name of i		Relationship b ested person		(c) A mount	of assistance	(d) Type o	rassis	tance	(e)	Purpos	e of assı	stance			
perso	in lines	organizatio													
		Organizacio	'11												
						1									
						+			+						

		Yes	No	
				_

Supplemental Information

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2015

Page 2

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493128017507

OMB No 1545-0047

2015

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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iter	nal Revenue Service						AGG	
	ne of the organization				Employer identification	ation nu	mber	
	ITUTE FOR ADVANCED STUDY - S BAMBERGER & MRS FELIX FULD FOUND.	ATION			21 0624000			
	art I Types of Property				21-0634988			
	Types of Froperty	Ι,,			Τ			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	1	5,076,993	3 FM V			
	Securities—Closely held stock .							
L1	Securities—Partnership, LLC,							
וי	or trust interests				+			
	Qualified conservation contribution—Historic							
	structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts				+			
	Scientific specimens				+			
	Archeological artifacts							
	Other ► ()							
	Other ► ()				+			
	Other ► ()				+			
28 29	Other ► () Number of Forms 8283 received for which the organization comple				29			
	3		•	-			Yes	No
30a	During the year, did the organiza			, .				
	it must hold for at least three ye			ition, and which is not requ	ned to be used		į Į	1
ŧ	for exempt purposes for the enti If "Yes," describe the arrangement					30a		No
	Does the organization have a gif			review of any non-standard	l contributions?	31	Yes	

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

DLN: 93493128017507

Open to Public Inspection

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

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

Internal Revenue Service

Name of the organization

Return Reference

ORGANIZATION'S

Treasurv

LINE 1 -

MISSION

Department of the

Employer identification number

21-0634988

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

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Explanation

FORM 990, PART III. 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 w orld It provides for the mentoring of scholars by Faculty, and it offers all w ho w ork here 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 w as founded in 1930 by philanthropists Louis Bamberger and his sister Caroline Bamberger Fuld, and established

> through the vision of the 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 Godel, J. Robert Oppennheimer, Erw in Panofsky, Homer A Thompson, John Von Neumann, George Kennan and Hermann Weyl

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICES	Work at the Institute takes place in four schools. Historical Studies, Mathematics, Natural Sciences, and Social Science Currently, a permanent faculty of twenty-four eminent academics guides the work of the schools and each year awards fellow ships to some 190 visiting members, from about one hundred universities and research institutions throughout the world Dr. Robbert Djikgraaf is a the current Director of the Institute. Robbert Djikgraaf is a mathematical physicist who has made significant contributions to string theory and the advancement of science education. For his contributions to science, Djikgraaf was awarded the Spinoza Prize, the highest scientific award in the Netherlands, in 2003, and was named a Knight of the Order of the Netherlands Lions in 2012. Djikgraaf is a distinguished public policy advisor and passionate advocate for science and the arts. Many of his activities, which have included frequent appearances on Dutch television, a monthly new spaper column in NRC Handelsblad, several books for general audiences, and the launch of the science education we besite proefjes nl, are at the interface between science and society. The Institute for Advanced Study is dedicated to the disinterested pursuit of know ledge in the more than seventy-five years since its founding, the work of the Institute's 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 (von 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 S

Return Reference	Explanation
Form 990 Part VI Line 6	The Corporation has no members its Board of Trustees oversees and is responsible for the affairs and operations of the corporation. New Trustees are elected by the current Trustees of the Institute

Return Reference	Explanation	
Form 990 Part VI Line 11b	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 Form 990 is reviewed, in its entirety, including Schedule B, by the Institute's Board of Trustees. The terms of one of the gifts listed in Schedule B required confidentiality, and therefore, although the donor was listed in the Schedule B provided to the Board, the amount of the individual gift was not	

Return Reference	Explanation
Form 990 Part VI Line 12c	Pursuant to the bylaws, 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. EACH 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.

Return Reference	Explanation
Form 990 Part VI Line 14	Under the Institute's document retention policy, the Institute's practice is to retain documents for seven years

Return Reference	Explanation
Form 990, Part VI Line 15a - Compensation	For 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. The last review was performed in 2016. DIRECTOR AND ASSOCIATE DIRECTORS. The Institute participates in a survey of top administrative positions at similar institutions every 24 months. This survey, conducted by Mercer, review sicash and non-cash compensation benefits and trends. Based on this survey data, the Associate Director for Finance and Administration, along with the HR Manager, prepares a memo for the Compensation Committee of the Board of Trustees with data from the survey and, generally, a range of possible recommendations for the salary action for the Director. For the two Associate Directors' salaries, the Director, along with the HR manager, prepares a memo for the Board, again with data for comparable positions at similar institutions, and the Director makes a recommendation on the salary action for each of these positions. The Compensation Committee of the Board, which is comprised of independent persons, review is the recommendations and determines the action's to be taken. The Committee documents its decision's on all three positions in writing to the Human Resources Manager. INVESTMENT OFFICE The Institute participates in a survey annually conducted by Mercer for investment offices of foundations and universities. The survey provides wages and benefits (including incentive structures) for key investment office personnel at institutions with endow ments comparable in size and complexity to the Institute. The Associate Director for Finance and Administration, in consultation with the Director and the HR Manager, prepar

Return Reference	Explanation
Form 990, Part VI, Line 19 -	The Organization does not currently make its governing documents or conflict of interest policy available to
Governing Documents	the public Audited Financial statements are available on the Institute's website

Return Reference	Explanation
FORM 990, PART XI, LINE 5 - OTHER CHANGES	CHANGE IN FAIR VALUE OF BOND SWAP LIABILITY (996,198)

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DLN: 93493128017507OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Employer identification number

21-0634988

Department of the Treasury Internal Revenue Service

Name of the organization INSTITUTE FOR ADVANCED STUDY -

LOUIS BAMBERGER & MRS FELIX FULD FOUNDATION

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r 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 alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	-UBI Gene n box man f part e K-1		(k) Percentage ownership
				",			Yes	No		Yes	No	
	-										\vdash	
											\vdash	
					•							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	13) olled ty?
								Yes	No
(1)IAS-Pooled Income Fund Einstein Drive Princeton, NJ 08540 22-6439543	Charitable	NJ	IAS	Trust		26,876	68 000 %	Yes	
22 0433343									\vdash

Chedule k (10111 990) 2013		000 P- 1 TV 1	24 255 - 26		Ра	ge 3
Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	9 34, 35b, or 36.		w	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	· ·			\perp		<u> </u>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete		· · · · · · · · · · · · · · · · · · ·	1	lds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ı	nvolved	l

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)							(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												l I					
						_											

