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Preparer

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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. and ending A For the 2012 calendar year, or tax year beginning B Check if applicable C Name of organization D Employer identification number AMERICAN FRIENDS OF THE ISRAEL Address Ichange DEMOCRACY INSTITUTE INC. 13-3348313 Doing Business As]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-404-240-7700 1266 W PACES FERRY RD 615 Amended 8,187,788. G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion pending ATLANTA, GA 30327 H(a) Is this a group return F Name and address of principal officer FREDERICK S. Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1986 M State of legal domicile; NY Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE AMERICAN Activities & Governance FRIENDS OF THE ISRAEL DEMOCRACY INSTITUTE, INC. IS TO PROMOTE AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8.444.735 8,187,788. Contributions and grants (Part VIII, line 1h) Ō. Ō Program service revenue (Part VIII, line 2q)-Investment income (Part VIII, column (A), lines 3, 4 Part 7d ENED Ō. Ο. 10 Ō. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue add lines 8 through 11 (must equal Part, VIII), column (A), lines 2 8,444,735 8,187,788. 12 8,119,146. 7,974,177 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line-4)-52,856. Salaries, other compensation, employee benefits (Part X, column (A) lines 5-10) 51,660 106,414. 110,656. 16a Professional fundraising fees (Part IX, column (A), line 11e) 151,817. b Total fundraising expenses (Part IX, column (D), line 25) 231,384. 329,067. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,367,877. 8,607,483. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <419,695.> 76,858. Revenue less expenses. Subtract line 18 from line 12 20 Beginning of Current Year End of Year 252,932. 504,730. Total assets (Part X, line 16) 20 215,284. 47,387 21 Total liabilities (Part X, line 26) Set 457.343. 37,648. 22 Net assets or fund balances Subtrast line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign 11/9/13 FREDERICK S. SLAGLE, CFO Here Type or print name and title Preparer's signature Print/Type preparer's name ₾00054246 Paid GREGORY W. HAYES

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name MOORE STEPHENS TILLER LLC

Firm's address 1960 SATELLITE BOULEVARD.

DULUTH, GA 30097

Form **990** (2012)

X Yes No

58-0673524

Phone no. 770-995-8800

Firm's EIN

(Code) (Expenses \$	including grants of \$) (Revenue \$)
·				

Other program services (Describe in Schedule O)

including grants of \$ Total program service expenses

) (Revenue \$

8,403,810.

Form 990 (2012)

4e

4a

Form 990 (2012)

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II			
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		х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
9	Schedule D, Part III			
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		X
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		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- T
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		-	x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	 	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	ľ
	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	X	├
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15	Х	
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	X
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	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u></u>
		Form	990	(2012)

\			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ X_
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		ĺ	
	Schedule J	23		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ĺ		1
	any tax-exempt bonds?	24c	ļ.,	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
p	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	Ì		- v
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		[x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		Ì	X
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	
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).	200	ĺ	x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	├	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	 _	 _
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	 	1
	contributions? If "Yes," complete Schedule M	30	ĺ	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- <u></u> -	† - -	†
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ĺ	1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	1 990	(2012

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			$\overline{}$
	Check it Concede C Contains a response to any question in this rail v	$\overline{}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1	ł	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	i i		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	i l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	i (
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:	1 1	1	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions?	6a		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6ь		ĺ
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	- 0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	12		
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${ m N/A}$]		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966? N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b_		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12 N/A 10a			l
a		1 /		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a	1 1		
a b		†		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 !		1
	is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans]		{
С	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	<u> </u>
		Form	990	(2012)

Form 990 (2012) DEMOCRACY INSTITUTE INC. 13-3348313 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					LX.					
Sec	tion 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	1a	4	<u> </u>							
	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.										
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	} 4	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other	7							
	officer, director, trustee, or key employee?			2	X						
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X					
	6 Did the organization have members or stockholders?										
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nioaa	one or								
	more members of the governing body?			7a		X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
_	persons other than the governing body?	•	,	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne followina:	1							
а	The governing body?	٠. رد		8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
		-			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	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			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " c	lescribe								
	in Schedule O how this was done			12c	X_						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approv	al by ı	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		1							
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X	<u> </u>					
	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 arrange	ment	with a			}					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			Ì					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	on's								
	exempt status with respect to such arrangements?			16b	L						
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►GA , NY										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain		•								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, a	nd fina	ncial						
	statements available to the public during the tax year			_							
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organiz	ation							
	FREDERICK S SLAGLE, CFO - 404-240-7700				_						
232000	1266 W PACES FERRY RD, NO. 615, ATLANTA, GA 3032										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box.	pox, unless person is both officer and a director/truste				h an	compensation	compensation	amount of
	week	├			T		<u> </u>	from the	from related	other
	(list any hours for	Inecti		[L		organization	organizations (W-2/1099-MISC)	compensation from the
	related	600	ig .			sate		(W 2/1099-MISC)	(** 27 1033 111100)	organization
	organizations	truste	a trus		yee	шрег	ŀ	(** 2/ 1000 *********************************		and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Көу етріоуее	est co	 -			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) BERNARD MARCUS	0.50									
CHAIRMAN		X		Х	Ĺ			0.	0.	0.
(2) RICHARD GOODMAN	0.50		ŀ		ŀ	l				
DIRECTOR		X			_	L		0.	0.	0.
(3) FRED MARCUS	0.50									•
DIRECTOR		Х	L_			ļ	<u> </u>	0.	0.	0.
(4) ABE SOFAÈR	0.50	,,	-	Γ.					_	
DIRECTOR	3 00	X		<u> </u>	ļ.,	┢		0.	0.	0.
(5) FREDERICK S SLAGLE CFO	3.00	}	ł	x	l			0.	0.	0.
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Form 990 (2012)

I air vii Sec	tion A. Officers, Directors, Trus		ploy	ees/			ghe	st C	1					
	(A)	(B)			•	C) ition	,		(D)	(E)	- }	_	(F)	
	Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable compensation			timate	
		week		cer ar					compensation from	from related	'		ount o	ונ
		(list any	ğ						the	organizations	.		pensa	tion
		hours for	Individual trustee or director			ł	E .	l	organization	(W-2/1099-MIS			om the	
		related	ite o	ustee			ensat		(W-2/1099-MISC)		l	-	anızatı	
		organizations	a II	nal tr		loyee	1 0 m	1	ł		ľ		d relate	
		below line)	Jividu	Institutional trustee	Officer	уещ	Highest compensated employee	Former	İ			orga	ınızatıd	วทร
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			i			Ì					ļ			
1b Sub-total		<u></u>		·	L	-	┢	<u> </u>	0.		0.			0.
	n continuation sheets to Part V	II. Section A					•		0.		0.			0.
	d lines 1b and 1c)					-	F		0.		-0.			0-
2 Total num	ber of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	<u>—</u> —			
	ation from the organization						•			<u> </u>			_	(
			_				_						Yes	No
3 Did the or	ganization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	[-		
line 1a? If	"Yes," complete Schedule J for s	such individual									l	3		X
4 For any in	dividual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atıor	n an	d ot	her compensation from	the organization	ſ			
and relate	d organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J i	for such individual		l	4		X
5 Did any p	erson listed on line 1a receive or	accrue compe	nsat	ion	from	any	y uni	relat	ted organization or indiv	idual for services	l		,	
rendered	to the organization? If "Yes," con	nplete Schedul	e J i	for_s	uch	pers	son					5		X
Section B. Ind	ependent Contractors									·				
 Complete 	this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organ	zation Report compensation for	the calendar y	ear	end	ıng v	with.	or w	/ithir	n the organization's tax	year.				
	(A)								(B)		^	(0		
	Name and business	address	N	ОМІ	E				Description of s	services		ompe	nsatio	n ——
								l						
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								Ì						
														
								J						
	ber of independent contractors (=	ot li	mite	d to		_	stec	d above) who received r	nore than				
\$100,000	of compensation from the organ	zation 🕨					0			l			266	
												Form	990 r	2012

Form 990 (2012)

Pa	rt VII	Statement of Reve	nue					
		Check if Schedule O con	tains a respons	e to any question		(B)		
_	_				(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b			}		
ts,	С	Fundraising events	1c			{		(
iar		Related organizations	1d					ļ
ins,	е	Government grants (contribut	. —					
utio er (f			107 700		}		
Original		similar amounts not included abo		,187,788.				
io p	g		s 1a- 1f \$		8,187,788.	ļ		İ
9	_ <u>_</u>	Total, Add lines 1a-1f			0,101,100.	 		
	0.0			Business Code				
VICE	2a b			·				
Ser	C			· 		 		+
e an	d			·				
Program Service Revenue	e			-		 		
P.	f	All other program service reve	enue				· · · · · · · · · · · · · · · · · · ·	
- 1		Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inte	erest, and				
ı		other similar amounts)		>				
	4	Income from investment of ta	x-exempt bond	proceeds >				<u> </u>
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal]	Į į		}
	6 a	Gross rents						
	b	Less rental expenses	L	 		1 !		1
		Rental income or (loss)			-			
		Net rental income or (loss)		<u> </u>	<u> </u>			
	7 a	Gross amount from sales of	(i) Securities	(II) Other	-			
	h	assets other than inventory Less cost or other basis		 	1			
	D	and sales expenses		1		1		Ì
	c	Gain or (loss)			1]]
	d		L	<u> </u>	<u> </u>			
nue		Gross income from fundraisin	ng events (not of					
Other Reven		contributions reported on line		ł		ŀ		1
Ř		Part IV, line 18	7 10, 000	a				
the	b	Less. direct expenses		ь				1
٥	С	Net income or (loss) from fun-	draising events	•	1			
		Gross income from gaming a	_					
		Part IV, line 19		а	}			1
	b	Less direct expenses		ь]			
	С	Net income or (loss) from gan	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances		a	ļ			
		Less cost of goods sold		p[}			
	с	Net income or (loss) from sale				<u> </u>		
		Miscellaneous Revenu		Business Code				
	11 a				-	 		
	b					 		
	c d	All other revenue		-		 		
	_	Total. Add lines 11a-11d		-				1
	12	Total revenue. See instructions.			8,187,788.	0.	0	. 0.
23200	9				···		 	Form 990 (2012)

Part IX Statement of Functional Expenses DEMOCRACY INSTITUTE INC.

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			,	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	8,119,146.	8,119,146.	İ	
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0,119,140.	0,110,140.		
5	Compensation of current officers, directors,	-	·		
,	trustees, and key employees			İ	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,850.		17,925.	17,925.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,006.		8,503.	8,503.
10	Payroll taxes				
11	Fees for services (non-employees)	2 225		0.066	1 020
а	Management	3,996.		2,066.	1,930.
b	Legal	1,726.		1,726.	
С	Accounting				
d	Lobbying	106,414.			106,414.
e	Professional fundraising services. See Part IV, line 17	100,414.		· · · · · · · · · · · · · · · · · · ·	100,414.
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	15,216.	15,216.		
12	Advertising and promotion				······································
13	Office expenses	24,585.		12,293.	12,292.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	22,072.	13,320.	4,606.	4,146.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,664.	105,664.		
20	Interest				
21	Payments to affiliates	1 464		1,464.	
22	Depreciation, depletion, and amortization	1,464. 2,416.		2,416.	
23	Other expenses, Itemize expenses not covered	2,410.		4,410.	
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 0.)				
а	CONSULTANTS & CONSULTIN	150,000.	150,000.		
b	TELEPHONE	700.	400.		300.
c	BANK CHARGES	556.		556.	
d	MEALS & ENTERTAINMENT	483.		176.	307.
е	All other expenses	189.	64.	125.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	8,607,483.	8,403,810.	51,856.	151,817.
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			·
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year	,	(B) End of year
1	Cash - non-interest-bearing	476,078.	1	221,577
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	25,000.	4	29,167
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		ĺ	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	ļ		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- [employers and sponsoring organizations of section 501(c)(9) voluntary		1	
<u>"</u>	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8 🖁	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
Ì	basis Complete Part VI of Schedule D Less. accumulated depreciation 10a 10, 227. 10b 8,039.	2 652	İ	0.400
b	Less. accumulated depreciation 10b 8,039.	3,652.	10c	2,188
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	E04 E20	15	050 000
16	Total assets. Add lines 1 through 15 (must equal line 34)	504,730.	16	252,932
17	Accounts payable and accrued expenses	47,387.	17	84,284
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	ļ <u></u>
≝ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 22	key employees, highest compensated employees, and disqualified persons		00	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	131,000
24	Unsecured notes and loans payable to unrelated third parties		24	131,000
25	Other liabilities (including federal income tax, payables to related third			ı
	parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
000		47,387.	25 26	215,284
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	17,307.	20	213,201
<u>"</u>	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	457,343.	27	37,648
B 28	Temporarily restricted net assets	137,0130	28	3.7020
m 29	Permanently restricted net assets		29	
5 2	Organizations that do not follow SFAS 117 (ASC 958), check here	<u> </u>		
<u> </u>	and complete lines 30 through 34.			
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
# 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	457,343.	33	37,648
34	Total liabilities and net assets/fund balances	504,730.	34	252,932
				Form 990 (2012

Form	1990 (2012) DEMOCRACT INSTITUTE INC.		1740777	Pag	e LC.
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		, ,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,187		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,607		
3	Revenue less expenses Subtract line 2 from line 1	3	<419		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	457	7,3	<u>43.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	, ,	2.5		
	column (B))	10	37	7,6	48.
Pa	t XII Financial Statements and Reporting				(47)
	Check if Schedule O contains a response to any question in this Part XII			1	X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		v
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	, ,)	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1	~ l	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		j	
	consolidated basis, or both.			Ì	
	X Separate basis Consolidated basis Both consolidated and separate basis		}	- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		\mathbf{x}	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		,		_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Aud	1 1		_ x
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired aud	1 1	į	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	900	0046
			Form	33U (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY INSTITUTE INC.

Employer identification number 13-3348313

Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	e this part) See inst	ructions					
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)						
1 🗀	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)	•					
2 🗀			70(b)(1)(A)(ii). (Attach Sc										
з 🔲			ital service organization (-		170(b)(1)	(A)(iii).						
4	-	*	operated in conjunction					(b)(1)(A)(ii	ı). Enter 1	the hospita	l's nam	ne,	
	city, and stat	-								•		·	
5 🗀	•		benefit of a college or ur	niversity o	wned or or	perated by	a governr	nental uni	t describ	ed in			
- —	•	(b)(1)(A)(iv). (Comp	•			, o. a. a. a. j	- g- · - · · ·						
6			,	t decembe	d in sectio	n 170(h)(IV(A)(_V)						
7 X	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												
ر معد	section 170(b)(1)(A)(vi). (Complete Part II)												
8 <u> </u>													
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
9	-	•	• •							-			
			nctions - subject to certa										
			taxable income (less sect	tion 511 ta	ix) irom bu	sinesses a	acquired b	y trie orga	ITIIZALIOTT	arter June C	30, 197	73	
40		509(a)(2). (Complet	•	- 4		·	- E00/a\/						
10	_		perated exclusively to te		-						of one	۰.	
11 📖			perated exclusively for the									Oi	
			ations described in secti				z) See se c	tion 509(aj(3). On	eck the box	(uiat		
	r—	· · · · · · · · · · · · · · · · · · ·	organization and compl		_		d	T.	a III. Mai	n-functional	lluunto	aratad	
- [a Li Type I		• •		inctionally	-					•	_	
e			at the organization is not									11 1	
		-	than one or more publicly						9(a)(1) UI	Section 50		_	
f			tten determination from t	the IRS th	atitisa iy	pe i, Type	ii, or Type	: III					
_	- · · · -	rganization, check t					-£ 4b - £-11		2			<u> </u>	
g	*		organization accepted ar			=					Yes	T No	
		•	directly controls, either al	ione or tog	jetner with	persons o	jescribea	in (ii) and i	(III) Delow		-	No	
	~	• •	supported organization?							11g(i)		 	
		· ·	in described in (i) above?		-0					11g(ii)		\vdash	
		-	a person described in (i) (11g(iii)	ш	L	
h	Provide the f	ollowing information	about the supported or	ganization	ı(S).								
				Te 3 to 45 or		() D d		(VI) IS	the				
	of supported	(II) EIN	(iii) Type of organization	p /	organization sted in your		u notify the ion in col.	organizáti	on in col.	(vii) Amoun		netary	
orga	inization		(described on lines 1-9 above or IRC section	1 ''	document?		r support?	(ı) organız U.S	ed in the l	Sur	pport		
			(see instructions))	Yes	No	Yes	No	Yes	No	1			
			 	165	NO	162	140	165					
				1	ļ		ł	ł		}			
				 			 		 	 			
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F-4-1										ļ			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	ĺ					
	include any "unusual grants ")	8,722,083.	8,077,920.	8,893,638.	8,444,735.	8,187,788.	42,326,164.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	,					
	or expended on its behalf	İ		1		1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,722,083.	8,077,920.	8,893,638.	8,444,735.	8,187,788.	42,326,164.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					ł	
	supported organization) included			}		.)	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)	1		1			17,452,704.
6	Public support. Subtract line 5 from line 4						24,873,460.
	tion B. Total Support	-		<u></u> .			
Cale	ndar year (or fiscal year beginning ın) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	8,722,083.	8,077,920.	8,893,638.	8,444,735.	8,187,788.	42,326,164.
8	Gross income from interest,						 _
	dividends, payments received on					1	
	securities loans, rents, royalties			ŀ			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on		j	j			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			ļ			
11	Total support. Add lines 7 through 10						42,326,164.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	tion C. Computation of Publ	ic Support Pei	centage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	58.77 %
15	Public support percentage from 2011	Schedule A, Part	ll, line 1 4			15	67.70 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2011. If the c	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	fies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explaın ın Pa	rt IV how the organ	ızatıon
	meets the "facts and-circumstances"	test The organizat	tion qualifies as a j	publicly supported	l organization		▶└┘
b	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization o	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990, or 990-EZ) 2012 | 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 t
qualify under the tests listed helpy, please complete Part (I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			l		1	
	include any "unusual grants.")	}		j]	}	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in			ł	i	1	
	any activity that is related to the organization's tax-exempt purpose					,	
3	Gross receipts from activities that			·	 		
J	are not an unrelated trade or bus-	ĺ	1	ľ		1	.
	iness under section 513						
		<u> </u>	 		 	 	
4	Tax revenues levied for the organ-	ĺ					
	ization's benefit and either paid to	ļ			1		
	or expended on its behalf		<u> </u>	ļ	<u> </u>	 	
5	The value of services or facilities						
	furnished by a governmental unit to					Ì	
	the organization without charge		1	<u> </u>	<u> </u>		
6	Total. Add lines 1 through 5					J	
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ĺ	1				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ļ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		(ĺ	1		ĺ
,	Add lines 7a and 7b						
		j	-		 	 	
Sec	Public support (Subtract line 7c from line 6)	L	<u> </u>	L	1		L
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total-
	Amounts from line 6	(a) 2008	(b) 2009	(6) 2010	(u) 2011	16) 2012	(i) rotar
	Gross income from interest,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	+	+	
100	dividends, payments received on						
	securities loans, rents, royalties		İ				
	and income from similar sources	ļ			ļ		
t	Unrelated business taxable income	J	}.]]
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
c	Add lines 10a and 10b				<u> </u>		
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on		1	}			}
12	Other income. Do not include gain						
	or loss from the sale of capital		1				
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)				1	<u> </u>	
	First five years. If the Form 990 is for	r the organization'	s first second thu	rd fourth or fifth t	tay year as a secti	on 501(c)(3) organi	zation
14	check this box and stop here	the organization:	s ilist, second, tili	a, loaith, or mar	lax year as a secti	on sortojoj organi.	Zation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)		15	9/
		• • • • • • • • • • • • • • • • • • • •	•	column (ij)		16	9/
	Public support percentage from 2011 ction D. Computation of Investigation					1 10 1	
						17	
	Investment income percentage for 20			rie 13, column (I))		17	9/
	Investment income percentage from :	•			45	18	
19a	33 1/3% support tests - 2012. If the	*					I/ IS NOT
	more than 33 1/3%, check this box a		•				
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anızatıon qualıfies	as a publicly sup	ported organization	▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see if	nstructions	▶∟_

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

AMERICAN FRIENDS OF THE ISRAEL

Employer identification number 13-3348313

1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) 2 Preservation of land for public use (e.g., recreation or education) 3 Preservation of an historically im Preservation of an acertified historically im Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the tax year. a Total number of conservation easements 5 D Total acreage restricted by conservation easements 6 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization.	Yes No Yes No Yes No 7. Portant land area c structure vation easement on the last Held at the End of the Tax Year
(a) Donor advised funds (b) Fu 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) 2 Preservation of land for public use (e.g., recreation or education) 3 Preservation of a certified historic preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization.	Yes No Yes No 7. Portant land area c structure vation easement on the last Held at the End of the Tax Year
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listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization]
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	L .
	<u></u>
Vines -	on during the tax
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	ear 🕨
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	· \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	
_ conservation easements.	-
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim	ilar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	alance sheet works of art.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub	
the text of the footnote to its financial statements that describes these items	,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	ce sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service	
	, provide the lonowing arrioditis
relating to these items:	¢
(i) Revenues included in Form 990, Part VIII, line 1	\$ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	iue
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
a Revenues included in Form 990, Part VIII, line 1	\$ \$
b Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. 232051 12-10-12

		CY INSTITU							48313	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	r Other	Simila	r Asse	ts/continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	are a sign	ificant u	ise of its	collection i	tems
	(check all that apply).									
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ms				
ь	Scholarly research	•	\Box	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further t	he organizatio	n's exemp	t purpo	se in Par	t XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other ass	sets not inc	cluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.						
							$oxedsymbol{oxedsymbol{oxed}}$		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217						」 Yes	L_ No
ь	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanati	on has been	provided in F	art XIII				
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part I	V, line 10.				
		(a) Current year	(b) F	rior year	(c) Two years	s back (d)	Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses			<u> </u>						
d	Grants or scholarships									
е	Other expenditures for facilities				İ					
	and programs								ļ <u></u>	
f	Administrative expenses									
g	End of year balance		<u> </u>	· -						
2	Provide the estimated percentage of the cur-	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should be should									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	red for the	organız	ation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the									
Par					r					
	Description of property	(a) Cost or o			t or other	(c) Acci		a	(d) Book	value
		basis (investi	ment)	Dasis	(other)	depre	ciation			
	Land									
ь	Buildings			 						
	Leasehold improvements			 				 - -		
	Equipment				0,227.		8,03	 	<u> </u>	,188.
	Other	gual Farra 000 Con	V ==1				0,0.	- -		,188.
rotal	. Add lines 1a through 1e (Column (d) must e	yuai Form 990. Pan	A, COIUI	ти (в), IIne і	1 U(C))				4	, +00.

232053 12-10-12

Sche	dule D (Form 990) 2012 DEMOCRACY INSTITUTE INC.	13-	3348313	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	eturr	1	
1	Total revenue, gains, and other support per audited financial statements	1	8,187,	788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a		I	
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c	1		
d	Other (Describe in Part XIII.)]		
е	Add lines 2a through 2d	2e	I	0.
3	Subtract line 2e from line 1	3	8,187,	788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		İ	
b	Other (Describe in Part XIII.)]		
С	Add lines 4a and 4b	4c	İ	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,187,	788.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ım	
1	Total expenses and losses per audited financial statements	1	8,607,	483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities 2a	} }	ļ	
b	Prior year adjustments 2b] !	İ	
c	Other losses 2c	1		
d	Other (Describe in Part XIII.)	1 (İ	
е	Add lines 2a through 2d	2e	į	0.
3	Subtract line 2e from line 1	3	8,607,	483.
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			
b	Other (Describe in Part XIII)]	İ	
c	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,607,	483.
Pai	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	tion -		
PAI	RT X, LINE 2: AUDIT NOTE: "GAAP PROVIDES GUIDANCE FOR HOW	UNC	ERTAIN	
TA	K POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND) DI	SCLOSED	IN
TH1	E ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION'S	MAN	AGEMENT	HAS
EV	ALUATED THE IMPLICATIONS OF THESE STANDARDS AND HAS NOT II	ENT)	IFIED AN	<u>1</u> X
UN(CERTAIN TAX POSITIONS FOR THE ORGANIZATION; THEREFORE, NO	TAX	EXPENSE	OR
AC(CRUALS FOR UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE ACC	OMP	ANYING	
FI	NANCIAL_STATEMENTS."			
				•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization	D.C. O.D. EVIE	700101			Employer ident	ification number
AMERICAN FRIEN				ĺ	12 22402	1 2
DEMOCRACY INST					13-33483	
		Activities Ou	tside the United States. Comple	te if the organ	ization answered	"Yes"
to Form 990, Pa						
			ds to substantiate the amount of its gra		T	Yes No
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or ass	stance? LA	No لــا Yes
0 F						Anala Man
2 For grantmakers. Des United States	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance of	itside the
	The following Don	t I lina O tabla a	an be duplicated if additional space is n	oodod)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
(a) negion	offices	employees	(by type) (e.g., fundraising, program	• •	gram service,	expenditures
	in the region	agents, and independent	services, investments, grants to	•	specific type	for and investments
		contractors in region	recipients located in the region)	of service	ce(s) in region	in region
	-	in region _	-			
	1	1				
MIDDLE EAST AND						
NORTH AFRICA -	1 0	0	GRANTS			8,099,146.
	 					
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	-	-				
						ĺ
	1					
		}				J
	 					-
	}	i	1			1
	ļ	1				1
	 					
	}					
		1				
	 	 				
		1				
3 a Sub-total	1	0				8,099,146.
b Total from continuation		 	 			1 ,,
sheets to Part I	` a	o				0.
c Totals (add lines 3a						1
and 3b)	0	0				8,099,146.

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

AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY INSTITUTE INC.

13-3348313

Page 2

Schedule F (Form 990) 2012 DEMOCRACY INSTITUTE INC.

| 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.

(i) Method of valuation (book, FMV, appraisal, other)				7.	ਜ	0	Schedule F (Form 990) 2012
(h) Description of non-cash assistance							Sche
(g) Amount of non-cash assistance	0.				 exempt by	. 🛕	
(f) Manner of cash disbursement	CASH 8,099,146.DISBURSEMENT				, recognized as tax-		
(e) Amount of cash grant	8,099,146.				foreign country		
(d) Purpose of grant	TO PROMOTE AND SUPPORT IN THE UNITED STATES AND ELSEWHERE, THE NONPARTISAN	 			Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	the IRS, or for which the grantee or counsel has provided a securification (v)(s) equivalency refree Enter to the number of other organizations or entities	
(c) Region	MIDDLE EAST AND NORTH AFRICA		-		ons listed above that are	sel nas provided a secu-	Ol clinings
(b) IRS code section and EIN (if applicable)					l recipient organizatio	the grantee or couns	טוופו טואמוווגמייטייט
1 (a) Name of organization					2 Enter total number of		s Enter total number of other organizations of entress

SEE PART V FOR COLUMN (D) DESCRIPTIONS 25

232072 12-10-12

Page 3

13-3348313

Schedule F (Form 990) 2012 DEMOCRACY INSTITUTE INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

			٠.			1
(h) Method of valuation (book, FMV, appraisal, other)	•					Schedule F (Form 990) 2012
(g) Description of non-cash assistance						Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant		 		 		-
c) Number of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region						

13-3348313 DEMOCRACY INSTITUTE INC. Schedule F (Form 990) 2012 Page 4 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No. Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Yes X No a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Yes X No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) 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

232074 12-10-12 Yes X No

Schedule F (Form 990) 2012

for Form 5713)

13-3348313 DEMOCRACY INSTITUTE INC. Schedule F (Form 990) 2012 Page 5 Part V Supplemental Information Complete this part to 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 SCHEDULE F, PART I, LINE 2: GRANTS ARE ONLY MADE TO THE ISRAEL DEMOCRACY INSTITUTE A RECOGNIZED ISRAELI CHARITABLE ENTITY. PART II, COLUMN (D): REGION: MIDDLE EAST AND NORTH AFRICA (D) PURPOSE OF GRANT: TO PROMOTE AND SUPPORT IN THE UNITED STATES AND ELSEWHERE, THE NONPARTISAN ANALYSIS, STUDY AND RESEARCH ON GOVERNMENT AND ECONOMIC REFORM CONDUCTED BY A NONPROFIT CHARITABLE AND EDUCATIONAL ORGANIZATION IN ISRAEL, THE ISRAEL DEMOCRACY INSTITUE, AND THE DISSEMINATION OF THE RESULTS OF SUCH WORK TO THE GENERAL PUBLIC.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

AMERICAN FRIENDS OF THE ISRAEL

Employer identification number

DEMOCRA	CY INSTITUTE	INC.			13-3348	313
Part I Fundraising Activities required to complete this pai		ion answered "Y	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rail X Mail solicitations X Internet and email solicitations X Phone solicitations	e X		non-g gover	overnment grants nment grants		
d X in-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	Part VII) or entity in connect inviduals or entities (fundrais	tion with profess	onal f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(Hi) fundr have ci or con contribu	to ion	(vv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
LILI NAVEH - 119 MONTE		Yes	No			
AVENUE, PIEDMONT, CA 94611	FUNDRAISING		X	0.	31,200.	<31,200.>
LEON COVITZ - 4306 NORTH						
SHALLOWFORD RD, APT 2312,	FUNDRAISING		_ <u>x</u>	0.	13,200.	<13,200.>
DAVID ALTSHULER COMPANY, INC.					55 000	55 000
- 63 VINE ROAD, LARCHMONT, NY	FUNDRAISING		X	0.	55,000.	<55,000.>
					99,400.	<99,400.>
Total 3 List all states in which the organization or licensing.	on is registered or licensed	to solicit contrib	ution	I s or has been notifie		<u> </u>
GA, NY						
				· · ·-		
						

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

AMERICAN FRIENDS OF THE ISRAEL 7) 2012 DEMOCRACY INSTITUTE INC.

	edu art l	le G (Form 990 or 990 EZ) 2012 DEMOCRA				-3348313 Page 2
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
a)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts '				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
se	5	Noncash prizes				
xpense	6	Rent/facility costs				<u> </u>
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , , , , , , , , , , , , , , , , , , ,			>	
Do.	11 irt	Net income summary Combine line 3, colum	n (d), and line 10	- 000 D- 187 1- 10	<u> </u>	
100	37 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Forn	n 990, Part IV, line 19, or	геропео тоге тап	
		\$15,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant	T	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue				
_						
nses	2	Cash prizes			-	
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes %	
	7	Direct expense summary Add lines 2 through		<u> </u>	<u> </u>	()
	8	Net gaming income summary Combine line	1, column d, and line 7		<u> </u>	
	_					
9		ter the state(s) in which the organization opera	• •			Yes No
		the organization licensed to operate gaming ac No," explain:		states?	·	
40-						Yes No
		ere any of the organization's gaming licenses re Yes," explain.	•	•	year,	
	_					
2320	82 0	1-07-13			Schedule G (Fo	orm 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 DEMOCRACY INSTITUTE INC.	13-3348313 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in.	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	mount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address ►	
16 Gaming manager information.	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	L Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe organization's own exempt activities during the tax year ► \$	nt in the
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, c	olumns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	information (see instructions)
SCHEDULE G, PART I, LINE 2B, COLUMN (V): SERVICES RENDERED	
	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY INSTITUTE INC.

Employer identification number 13-3348313

DEMOCRACY INSTITUTE INC. 13-3346313
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT IN THE UNITED STATES AND ELSEWHERE, THE NONPARTISAN ANALYSIS,
STUDY AND RESEARCH ON GOVERNMENT AND ECONOMIC REFORM CONDUCTED BY A
NONPROFIT CHARITABLE AND EDUCATIONAL ORGANIZATION IN ISRAEL, THE ISRAEL
DEMOCRACY INSTITUE, AND THE DISSEMINATION OF THE RESULTS OF SUCH WORK
TO THE GENERAL PUBLIC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION IN ISRAEL, THE ISRAEL DEMOCRACY INSTITUE, AND THE
DISSEMINATION OF THE RESULTS OF SUCH WORK TO THE GENERAL PUBLIC.
FORM 990, PART VI, SECTION A, LINE 2: BERNARD MARCUS - CHAIRMAN
FRED MARCUS - DIRECTOR
BERNARD AND FRED MARCUS ARE FATHER AND SON.
BERNARD MARCUS - CHAIRMAN
FREDERICK SLAGLE - CFO
FREDERICK SLAGLE IS AN EMPLOYEE OF THE MARCUS FAMILY OFFICE, LLC OF WHICH
MR. MARCUS IS OWNER.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS GIVEN TO
THE EXCEUTIVE COMMITTEE OF THE ORGANIZATION PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENGAGES IN A
MINIMAL AMOUNT OF TRANSACTIONS EACH YEAR. DUE TO THE LIMITED AMOUNT OF

TRANSACTIONS, THE ORGANIZATION IS ABLE TO MAKE A DETERMINATION WITH RESPECT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

▶ See separate instructions. Sequence No 179 Internal Revenue Service Business or activity to which this form relates Identifying number AMERICAN FRIENDS OF THE ISRAEL 13-3348313 FORM 990 PAGE 10 DEMOCRACY INSTITUTE INC. Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 1,464. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property year placed in service (e) Convention (business/investment use only - see instructions) 19a 3-year property 5-year property b 7-year property C 10-year property d 15-year property e f 20-year property S/L 25-year property 25 yrs g MM S/L 27 5 vrs h Residential rental property MM S/L 27 5 yrs. 39 vrs MM S/L Nonresidential real property 1 мм S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System S/L 20a Class Irfe S/L 12-year 12 yrs b 40 yrs MM S/L 40-vear Part IV Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

1,464.

23

			RICAN F			-		RAE:	L						
For	m 4562 (2012)		OCRACY											313	
P	art V Listed Property	(Include au	tomobiles, ce	ertain oth	er vehic	les, cert	aın com	puters	, and pro	perty use	d for en	tertainm	ent, rec	reation, d	or
	amusement.) Note: For any ve	ehicle for wh	uch vou are u	sina the	standare	t mileani	e rate or	dedud	ting leas	e expens	e. como	lete only	24a. 24	lb. colun	nns (a)
	through (c) of Se									o emperior					
	Section A - I	Depreciatio	n and Other	Informa	tion (Ca	ution: S	ee the ir	struct	tions for	imits for p	assenge	er autom	obiles)		
24	a Do you have evidence to su	pport the bus	iness/investme	nt use cla	aimed?	Ye	s	No	24b If "\	es," is th	e evider	nce writt	en? 🗀	Yes	□No
_	(a)	(b)	(c)		(d)		(e)		(f)		g)		7)		1)
	Type of property	Date placed in	Business/ investment	İ	Cost or		s for depre		Recovery		hod/	Depre		Elec sectio	
	(list vehicles first)	service	use percentag		her basıs	(,,,,,	use only		period	Conv	ention	dedu	ction	CO	
25	Special depreciation allow	wance for ou	ualified listed	nroperty	nlaced	in servic	e durino	the ta	ax vear a						
	used more than 50% in a			ргорогсу	piacca	50. 110			y o u. u		25				
26	Property used more than			ess use:	_										
<u>=×</u> .	1	1		6	_				-	1					
				6		-				†					
				6		+-									
	Property used 50% or les	e io o ought								ــــــــــــــــــــــــــــــــــــــ					
<u></u> -	Troperty asea 30% or les	ss iir a quaii								S/L ·					
—				6						S/L -					
_														ľ	
	Add (1-) 1 05		6						S/L	00				
	Add amounts in column (•	_				page 1				_ 28_				
29	Add amounts in column (i), line 26 Ei											29		
_			_			mation									
	mplete this section for veh ou provided vehicles to yo												na thic s	ection fo	۱r
	ou provided verticles to yourse vehicles	ur employe	es, ilist allswi	er trie qu	Jestions	III Section	JII C 10 s	see ii y	ou meet	anexcep	tion to t	ompietii	ig tills s	ection ic	,1
				т											
				1	a)	(k	· .		(c)	1	i)	(€	-	(f	
30	Total business/investment m		iring the	Vehicle		Veh	Vehicle \		ehicle	Ven	Vehicle		Vehicle		cle
	year (do not include commi	• •								<u> </u>					
31	Total commuting miles dr	iven during	the year							-					
32	Total other personal (non-	commuting)	miles							Ì					
_	driven				_					<u>.</u>					
33	Total miles driven during	the year.													
	Add lines 30 through 32														
34	Was the vehicle available	for persona	al use	Yes	No	Yes	No	Yes	No	Yes	_No	Yes	No	Yes	No
	during off-duty hours?			L											
35	Was the vehicle used prir	marily by a r	more	1	l					1]	
	than 5% owner or related	d person?													
36	Is another vehicle availab	le for perso	nal							1					
	use?				L	İ						L			
		Footion C				/h = D		uoloc	for Hea	by Their I	Employe	ees			
		Section C	 Questions f 	or Emp	loyers V	mo Prov	nae ver	licies	101 036						CO/
Ans	swer these questions to de			-	-					-			e not m	ore than	J%
	swer these questions to de ners or related persons			-	-					-			e not m	ore than	5%
owi	•	etermine if y	ou meet an e	xception	to com	pleting S	Section I	3 for v	ehicles u	sed by er	nployee	s who ar	e not m	Yes	No_
owi	ners or related persons	etermine if y	ou meet an e	xception	to com	pleting S	Section I	3 for v	ehicles u	sed by er	nployee	s who ar	e not m	- 1	
<u>owi</u> 37	ners or related persons Do you maintain a written	etermine if y	ou meet an e	xception ohibits a	to com	pleting S	Section I	3 for v ———es, inc	ehicles u	sed by er	nployee , by you	s who ar	e not m	- 1	
<u>owi</u> 37	ners or related persons Do you maintain a written employees? Do you maintain a written	policy state	ou meet an e	xception ohibits a	n to com	pleting S nal use o use of v	Section I	3 for v es, inc	ehicles u luding co	sed by er	nployee , by you	s who ar	e not m	- 1	
37 38	ners or related persons Do you maintain a written employees? Do you maintain a written employees? See the instr	policy state	ou meet an e ement that pr ement that pr vehicles used	ohibits a	all person personal	pleting S nal use o use of v	Section I	3 for v es, inc	ehicles u luding co	sed by er	nployee , by you	s who ar	e not m	- 1	
37 38 39	ners or related persons Do you maintain a written employees? Do you maintain a written employees? See the instruction Do you treat all use of velocities.	policy state policy state policy state ructions for hicles by en	ou meet an e ement that pr ement that pr vehicles used	ohibits a ohibits played by corpersonal	all personal porate of use?	nal use of vificers, d	Section I of vehicles, ehicles, irectors,	3 for v es, inc excep or 1%	ehicles u luding co at commi	ommuting iting, by y	nployee , by you	s who ar	e not m	- 1	
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43 Amortization of costs that began before your 2012 tax year
 44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2012)

43 44

216252 12-28-12

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, comple	te only P	art I and check this box			▶ X		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
	omplete Part II unless you have already been granted				rm 8868			
	c filing (e-file). You can electronically file Form 8868 if					a corporation		
	o file Form 990 T), or an additional (not automatic) 3-mo							
	file any of the forms listed in Part I or Part II with the ex	•						
	Benefit Contracts, which must be sent to the IRS in page							
	rs gov/efile and click on e-file for Charities & Nonprofits		(See Instructional For Mere Cotalio	011 1110 010	21, 01,110 mm,g	o		
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).				
A corpora	tion required to file Form 990-T and requesting an autor				 -			
Part I only	-					▶ □		
All other c	orporations (including 1120-C filers), partnerships, REN	NCs and I	trusts must use Form 7004 to reques	st an exter	sion of time	,		
	ome tax returns	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, bata made ago rami rabi ita ragada	21 317 371131				
Type or	Name of exempt organization or other filer, see instru	ictions		Employe	loyer identification number (EIN) o			
print	AMERICAN FRIENDS OF THE IS			Employor pormitouror reambor (Em				
DI III	DEMOCRACY INSTITUTE INC.	ICALII		[13-3348313 Social security number (SSN)			
File by the	Number, street, and room or suite no. If a P O box, s		tions	Social se				
due date for filing your	1266 W PACES FERRY RD, NO.		HOUS	300iai se				
return See	City, town or post office, state, and ZIP code For a fi		lean and materials	<u></u>				
	ATLANTA, GA 30327	oreign add	ress, see instructions					
	AIDANIA, GA 30321							
Enter the I	Return code for the return that this application is for (file		to an algoritor for each return)			01		
THE HIE	neturn code for the retain that this application is for (ille	e a separa	te application for each return,			10121		
Application		Datum	Annhastica			Return		
	ж	Return	Application			Code		
s For	av Fa 000 F7	Code	Is For					
	or Form 990-EZ	01	Form 990-T (corporation)	ion)				
orm 990-		02	Form 1041-A					
	O (individual)	03	Form 4720					
Form 990-		04	Form 5027					
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
-orm 990-	T (trust other than above)	06	Form 8870			12		
	FREDERICK S SLA			3.1771.3	CV 203	27		
	oks are in the care of 1266 W PACES FI	ERRY		NTA,	GA 303	21		
	one No ► 404-240-7700		FAX No ▶			, —		
	rganization does not have an office or place of business							
F	s for a Group Return, enter the organization's four digit	1						
oox 🕨 L	If it is for part of the group, check this box				ers the exte	nsion is for		
	juest an automatic 3-month (6 months for a corporation		,					
		t organiza	tion return for the organization name	ed above	The extensi	on		
	r the organization's return for							
يا ▲	X calendar year 2012 or							
▶	tax year beginning	, an	d ending		_			
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n			
	Change in accounting period							
3a If thi	s application is for Form 990 BL, 990-PF, 990 T, 4720,	or 6069, a	nter the tentative tax, less any			_		
nonr	refundable credits. See instructions			3a	\$	0.		
b If thi	s application is for Form 990 PF, 990 T, 4720, oi 6069,	enter any	refundable credits and					
estin	nated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	\$	0.		
c Bala	ince due Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
	sing EFTPS (Electronic Federal Tax Payment System)	=		3c	\$	0.		
	f you are going to make an electronic fund withdrawal w			orm 8879	EO for paym	ent instructions		
	or Privacy Act and Paperwork Reduction Act Notice.					868 (Rev 1-2013)		

Form 88	68 (Rev · 1 2013)				Page 2			
• If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check th	nis box	► X			
	nly complete Part II if you have already been granted an							
	are filing for an Automatic 3-Month Extension, comple							
Part II		xtensio	on of Time. Only file the origin	nal (no copies need	ed).			
				s identifying number, se				
Type or	Name of exempt organization or other filer, see instru	uctions		Employer identification				
print								
File by the	DEMOCRACY INSTITUTE INC.	13-334	8313					
due date for	Number, street, and room or suite no if a P O box,	Social security number	(SSN)					
filing your return See	1266 W PACES-FERRY RD, NO.							
instructions	City, town or post office, state, and ZIP code For a f							
	ATLANTA, GA 30327	. 3	-					
Enter the	Return code for the return that this application is for (fil	e a senara	ate application for each return)		01			
	· ·	o a copari	it application for each reserve	, , , ,				
Applicati	on	Return	Application		Return			
ls For		Code	Is For		Code			
	or Form 990-EZ	01	1.0.1.0.1		- ,			
Form 990		02	Form 1041-A		08			
	0 (individual)	03	Form 4720		09			
Form 990		04-	Form 5227		10			
	T (sec 401(a) or 408(a) trust)	05	Form 6069		11			
	T (trust other than above)	06	Form 8870		12			
	o not complete Part II if you were not already granted			viously filed Form 8868.				
	FREDERICK S SL							
• The bo	oks are in the care of > 1266 W PACES F	EBBA	RD NO. 615 - ATLA	NTA. GA 3032	7			
Teleph	one No. ► 404-240-7700		FAX No ▶					
	rganization does not have an office or place of business	s in the Ui			▶ . □			
	s for a Group Return, enter the organization?s four digit				up, check this			
oox ► . [If it is for part of the group, check this box		,					
	quest an additional 3-month extension of time until							
	calendar year 2012, or other tax year beginning		, and endir	na 1				
	e tax year entered in line 5 is for less than 12 months, or			Final return				
<u></u>	Change in accounting period	7,100K 10au						
7 Stat	e in detail why you need the extension			i	•			
	E TAXPAYER IS STILL WAITING	FOR	TNFORMATION THAT I	S NECESSARY	IN			
	DER TO FILE A COMPLETE AND A							
<u> </u>		100010						
8a If thi	s application is for Form 990 BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax, less any					
	refundable credits. See instructions	0, 0000, 0		8a \$	0.			
	s application is for Form 990-PF, 990 T, 4720, or 6069,	enter any	refundable credits and estimated					
	payments made Include any prior year overpayment all	•						
-	riously with Form 8868	8b \$	0.					
	ince due. Subtract line 8b from line 8a Include your pa							
	PS (Electronic Federal Tax Payment System) See instru	,	it this form, in required, by doining	8c \$	0.			
<u> </u>			st be completed for Part II					
Inder nenal	tiệs or perjury, I degláre that I have examined this form, includ				and belief,			
is true, coi	rrect, and complete, and that I am authorized to prepare this to	g 40001111 ITM.	and the state of t	_ [1			
ionature,	$\Lambda \sim 1/N \sim 100$	CPA		Date ► 8113	2/13			
	TO	- \ 11 9 1			8 (Rev 1 2013)			
	1 1							