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efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Short Form**

A For the 2012 calendar year, or tax year beginning 01-01-2012

C Name of organization

DLN: 93492259006323

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 12-31-2012

Open to Public Inspection

D Employer identification number

_		change GENEALOGICAL SOCIETIES	22-299	7643	
	lame cl		E Telepho	ne num	ber
	nitial re ermina			(212) 2	247-6597
		d return City or town, state or country, and ZIP + 4	F Group E		on
Γ_{ℓ}	pplicati	on pending NEW YORK, NY 10019	Numbei	-	•
		II. Charlet			nization is not
GΑ	ccoun		to attach		
T 14/	a bait a	f	90,990-E	Z, or	990-PF)
		www.iajgs.org			
J Ta:	k-exem	pt status(check only one)— 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527			
norr	nally i	▶ If the organization is not a section 509(a)(3) supporting organization or a section 527 organiza not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e- ns) But if the organization chooses to file a return, be sure to file a complete return			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		sets (F '6,475	
	art I		structions	for P	art I)
		Check if the organization used Schedule O to respond to any question in this Part I			
	I			1 1	
	1	Contributions, gifts, grants, and similar amounts received		1	30,951
	2	Program service revenue including government fees and contracts		2	41,791
	3	Membership dues and assessments		3	3,679
	4	Investment income		4	54
	5a	Gross amount from sale of assets other than inventory			
Ę	Ь	Less cost or other basis and sales expenses			
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
œ	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) • 6a			
	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b			
	c	Less direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	76,475
	10	Grants and similar amounts paid (list in Schedule O)		10	11,880
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
ŝ	13	Professional fees and other payments to independent contractors		13	6,710
en s	14	Occupancy, rent, utilities, and maintenance		14	2,707
Expenses	15	Printing, publications, postage, and shipping		15	536
	16	Other expenses (describe in Schedule O)		16	7,639
	17	Total expenses. Add lines 10 through 16	.	17	29,472
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	47,003
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		\vdash	·
ą.		end-of-year figure reported on prior year's return)		19	152,314
ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	_	21	199,317
		,		1	,

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

			(A)	Beginning of year		(B) End of year
22 Cach cayings and investments			(A)	142,129	22	
22 Cash, savings, and investments23 Land and buildings				142,129	23	160,473
•				10.105		20.044
24 Other assets (describe in Schedule O				10,185	_	38,844
25 Total assets				152,314	-	199,317
26 Total liabilities (describe in Schedule (•			0		0
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21)		152,314	27	199,317
Check if the organization used What is the organization's primary exempt ENCOURAGEMENT OF JEWISH GENEALO	Schedule O to respond to purpose?	any question in t	this Pai	rt III . 🔽	(c)	Expenses equired for section 501 (3) and 501(c)(4) anizations and section
JEWISH GENEALOGICAL RESEARCH Describe the organization's program service measured by expenses. In a clear and concept benefited, and other relevant information for	e accomplishments for eac	th of its three lar	gest pr	ogram services, as		47(a)(1) trusts, nonal for others)
28 MADE A GRANT OF \$2,960 AND \$960 GENEALOGIE JUIVE (CGJ) IS THE FIRST 1984, THE CGJ HAS ALMOST 600 MEMB COME AND JOIN THEM IN PARIS DURIN GROUPS, DURING A LECTURE OR A MEE READ THEIR JOURNAL OR WRITE TO TH	TO "CERCLE DE GENEA JEWISH GENEALOGICA ERS KNOWN AS FANS, EI G A LECTURE, A MEETIN TING OF THEIR REGION	L SOCIETY IN F THER EXPERIET IG OF THEIR SP AL BRANCH, CC ALOJ ORG	RANCE NCED (ECIAL)NSUL	FOUNDED IN OR BEGINNERS INTEREST	28a	0
29 MADE A GRANT OF \$1,500 TO AMERI		-			20a	0
WORLDS LEADING JEWISH HUMANITAR LIVES IN MORE THAN 70 COUNTRIES T CONFRONTING POVERTY AND CRISIS A	IAN ASSISTANCE ORGA ODAY JDC LEVERAGES /	NIZATION, IMP A CENTURYS EX VW JDC ORG	ACTIN (PERIE	IG MILLIONS OF NCE	29a	0
30 MADE A GRANT OF \$4,960 AND \$1,50 GENEALOGICAL SOCIETY (IGS) IS ISRAITS MEMBERS WITH A FULL RANGE OF R 1983, THE IGS IS A NON-PROFIT ORGA AND THE NORTH, THE NEGEV, KIRYAT-RISHON LEZION AND RAANANA BRANC THROUGHOUT THE NATION WHICH ARE (Grants \$ 0)	LEL'S PREMIERE GENEAL LESEARCH MATERIALS, G NIZATION WITH BRANCI TIVON, PETAH TIKVA AN CHES ACTIVITIES INCLU	OGICAL ORGAN GUIDANCE AND HES IN JERUSA ID SUROUNDIN DE LECTURES A MEMBERSHIP W	NIZATI SUPPO LEM, T G AREA AND O' VWW IS	ON, REWARDING ORT FOUNDED IN EL AVIV, HAIFA A, MODIIN, THER ACTIVITIES RAGEN ORG	30a	0
31 Other program services (describe in Sci (Grants \$) If this	nedule O) s amount includes foreign (grants, check hei	re .	. .	31a	
32 Total program service expenses (add line					32	
Part IV List of Officers, Directors, Trus Check if the organization used	stees, and Key Employees	List each one even if	not com	pensated (see the instr		· —
Check if the organization used	Schedule O to respond to	any question in t	LIIIS F ai	t IV	• •	· · · · ·
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportab compensati (Forms W-2/10 MISC) (if not enter -0-)	on 099- paid,	(d) Health benef contributions t employee benefit p and deferred compensation	o lans,	(e) Estimated amount of other compensation
See Additional Data Table						

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>v</u>		<u>lΥ</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2,6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►		1	
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨 🔟			
42a	The organization's books are in care of ▶ PAUL SILVERSTONE Telephone no	<u>(21</u>	2)247-	6597
	Located at \blacktriangleright 330 WEST 58TH STREET APT 10D NEW YORK, NY ZIP + 4	<u> 10</u>	0019	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		▶ [
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	\vdash		
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		Νo
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-E	2 (2012)					Yes	Page 4
46 Did th	e organization engage, directly dates for public office? If "Yes,"	or indirectly, in political c complete Schedule C, Pai	ampaign activities on b	ehalf of or in opposition to			No
Part VI	Section 501(c)(3) orga All section 501(c)(3) orga		questions 47-49h an	nd 52, and complete th	e tables	s for lin	nes 50
	and 51 Check if the organization uses		•			7 101 111	
	Check if the organization uses	a seriedale o to respond t	o any question in this i	ant v1		Yes	No
	e organızatıon engage ın lobbyı s," complete Schedule C, Part I		tion 501(h) election in		·? 47		No
18 Is the	organization a school as descr	ribed in section 170(b)(1)(A)(11)? If "Yes," comple	ete Schedule E .	. 48		Νo
19a Did th	e organization make any transf	ers to an exempt non-char	ritable related organizat	ion?	. 49a		Νo
b If "Ye	s," was the related organization	n a section 527 organizatio	on?		. 49b		
	lete this table for the organizati yees) who each received more						
(a) Name a	and title of each employee paid nore than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Es of othe	timated r compe	
ONE							
1 Comp	Il number of other employees pa lete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "l	None "	actors who each received (b) Type of service		an \$100	•
61 Comp of con (a) Na	lete this table for the organizati	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Comp of con (a) Na	lete this table for the organizati npensation from the organizatio	on's five highest compens n Ifthere is none, enter "l	None "				•
51 Compoficing (a) Na HONE d Tota 52 Did	lete this table for the organization pensation from the organization me and address of each independent of the organization of other independent of the organization complete Sche	on's five highest compens n If there is none, enter "I indent contractor paid more contractors each receiving	None " e than \$100,000 i over \$100,000 i 501(c)(3) organization	(b) Type of service ▶ ns and 4947(a)(1)		ompens	sation
d Tota	lete this table for the organization pensation from the organization me and address of each independent of the organization the organization complete Scheexempt charitable trusts must a	on's five highest compens n If there is none, enter "I indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	None " e than \$100,000 i over \$100,000	(b) Type of service	(c) C	V Yes	sation
d Tota 10 Did 10 Did	lete this table for the organization pensation from the organization me and address of each independent of the organization of other independent of the organization complete Sche	on's five highest compens n If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000 over \$100,000 501(c)(3) organization lie A	(b) Type of service	(c) C	✓ Yes	sation
d Tota 52 Did nowledge and anowledge.	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Scheexempt charitable trusts must a lies of perjury, I declare that I have not belief, it is true, correct, and contains the organization complete Scheexempt charitable trusts must a lies of perjury, I declare that I have not belief, it is true, correct, and contains the correct of the correc	on's five highest compens n If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000 over \$100,000 501(c)(3) organization lie A	(b) Type of service	(c) C	✓ Yes	sation
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d Tota 52 Did nowledge and nowledge.	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Scheexempt charitable trusts must a lies of perjury, I declare that I have not belief, it is true, correct, and contains the correct of the cor	on's five highest compens n If there is none, enter "I indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incli omplete. Declaration of prep	over \$100,000 over \$100,000 501(c)(3) organization ule A	(b) Type of service	to the be	✓ Yes	sation
d Tota 52 Did nowledge an nowledge. Sign lere	lete this table for the organization pensation from the organization me and address of each independent of the organization complete. Scheexempt charitable trusts must a second the exempt charitable trusts must a second belief, it is true, correct, and complete it is true, corr	on's five highest compens n If there is none, enter "I indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incli omplete. Declaration of prep	over \$100,000 over \$100,000 501(c)(3) organization ule A	(b) Type of service	to the be of which	✓ Yes	sation
d Tota 52 Did non	lete this table for the organization pensation from the organization me and address of each independent of the organization complete. Scheexempt charitable trusts must a ties of perjury, I declare that I have not belief, it is true, correct, and complete it is true, correct, an	on's five highest compens n If there is none, enter "I indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, incli omplete. Declaration of prep	over \$100,000 over \$100,000 501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation

Software ID: Software Version:

EIN: 22-2997643

Name: INTERNATIONAL ASSOCIATION OF JEWISH

GENEALOGICAL SOCIETIES

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage	(c)Reportable	(d) Health benefits,	(-) F -+
	hours per week devoted to position	compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL GOLDSTEIN PRESIDENT	10 00	0	0	0
MICHAEL BRENNER VICE PRESIDENT	10 00	0	0	0
JOEL L SPECTOR SECRETARY	10 00	0	0	0
PAUL H SILVERSTONE TREASURER	10 00	0	0	0
ANNE FEDER LEE PAST PRESIDENT	5 00	0	0	0
JAN MEISELS ALLEN DIRECTOR	5 00	0	0	0
DANIEL HOROWITZ DIRECTOR	5 00	0	0	0
JAY SAGE DIRECTOR	5 00	0	0	0
JACKYE SULLINS DIRECTOR	5 00	0	0	0
KAHLILE MEHR DIRECTOR	5 00	0	0	0
NOLAN ALTMAN DIRECTOR	5 00	0	0	0

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As Filed Data -

DLN: 93492259006323

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization INTERNATIONAL ASSOCIATION OF JEWISH

GENEALOGICAL SOCIETIES

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

		AL SOCIET	IES						22-2997	7643			
	rt I			blic Charity Sta						instructions	5.		
The	rganı	zation is	not a privat	e foundation becaus	eitis (Forl	ınes 1 thro	ugh 11, chec	k only one	box)				
1	Г	A chur	ch, convent	on of churches, or a	ssociation of	churches	described in	section 170	(b)(1)(A)(i)	=			
2	Г	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	lule E)						
3	\sqcap	A hosp	ital or a coo	perative hospital se	rvice organiz	ation desci	rıbed ın secti	on 170(b)(1	L)(A)(iii).				
4	\sqcap	A medi	cal researc	n organization opera	ted ın conjun	ction with a	hospital de	scribed in s e	ection 170(b))(1)(A)(iii).	Enter the		
_	_			ty, and state									
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in					cribed in							
	_			A)(iv). (Complete P	•								
6				local government o	=								
7	✓			at normally receives		•	support fror	n a governm	nental unit or	from the ger	ieral public		
8	_			on 170(b)(1)(A)(vi). described in sectio i			malata Barti	r					
9	<u>'</u>		-	at normally receives			-	-	hutions mai	mharchin faa	s and gross		
9	'												
				ities related to its e	•	-			• •				
				oss investment inco						I (ax) IIOIII D	usillesses		
10	_			janization after June									
10	<u> </u>	_		ganized and operated									
11	ı			ganized and operated ly supported organiz									
				bes the type of supp						See Section	oos(a)(s). Check		
				b						Non-function	ally integrated		
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled direct	ly or indirec	tly by one or	more disqua	lified persons		
				on managers and ot	her than one	or more pu	blicly suppor	ted organiz	atıons descrı	bed in section	n 509(a)(1) or		
_			1509(a)(2)			f +b - T.F) C + L - L . L	T T. T	II T	- TTT			
f			rganization this box	received a written d	etermination	from the 1F	KS that it is a	ı ıype ı, ıy	pe II, or I yp	e III suppon	ing organization,		
g				2006, has the organ	ızatıon accer	ted any gif	t or contribut	ion from an	y of the		•		
_		followir	ng persons?	-	•								
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or	together with	n persons d	escribed in (i	')	Yes No		
		and (III) below, the	governing body of th	ie supported	organizatio	n?			119	g(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				119	ı(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11 g	(iii)		
h		Provide	e the follown	ng information about	the support	ed organiza	tıon(s)						
_) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) Is		(vii) A mount of		
	uppo			organization	organizati		the organ		organiza		monetary		
OI	yanız	zation		zation (described on lines 1- 9 above		col (i) listed in your governing		ın col (i) suppo		col (i) organized in the US?		support	
				or IRC section	docume	_							
(see													
				instructions))	Yes	No	Yes	No	Yes	No	1		
								1	1	1	1		
								+					
Total													

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 26,329 29,308 13,106 9,087 34,630 112,460 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 26,329 29,308 13,106 9,087 34,630 112,460 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,831 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 104,629 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 26,329 29,308 13,106 9,087 34,630 112,460 Amounts from line 4 Gross income from interest, dividends, payments received on 3,912 558 94 65 54 4,683 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 117,143 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 89 320 % Public support percentage for 2011 Schedule A, Part II, line 14 15 84 680 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93492259006323

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** INTERNATIONAL ASSOCIATION OF JEWISH GENEALOGICAL SOCIETIES 22-2997643 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Sche	edule C (Form 990 or 990-EZ) 2012				Ра	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	((a)		(b)	
activ		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), c	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list).

Identifier	Return Reference	Explanation
XPLANATION OF LOBBYING	PART II-B, LINE 1	THE ORGANIZATION, TO GETHER WITH OTHER NATIONAL
CTIVITIES		GENEALOGICAL ORGANIZATIONS, MONITORS LOCAL,
		STATE, AND NATIONAL LEGISLATION AND REGULATIONS
		THAT WOULD AFFECT THE ACCESS OF GENEALOGICAL
		RESEARCHERS AND OTHER MEMBERS OF THE PUBLIC TO
		GOVERNMENTAL RECORDS OF GENEALOGICAL INTEREST,
		INCLUDING, BUT NOT LIMITED TO METRICAL, CENSUS,
		IMMIGRATION AND NATURALIZATION RECORDS
		ORGANIZATION ALSO MONINTORS LEGISLATION AND
		REGULATION OF SIMILAR NATURE IN FOREIGN
		COUNTRIES AND INTERNATIONAL BODIES THE
		ORGANIZATION MAINTAINS INFORMATION ABOUT SUCH
		LEGISLATION AND REGULATION ON ITS WEBSITE AND
		PROVIDES INFORMATION ABOUT SUCH LEGISLATION
		AND REGULATIONS TO ITS MEMBERS ON ITS INTERNET
		LEADERSHIP MAILING LIST AND TO THE PUBLIC BY
		POSTING MESSAGES ON THE JEWISHGEN MAILING LIST,
		WWW JEWISHGEN ORG FROM TIME TO TIME THE
		ORGANIZATION EXPRESSES ITS SUPPORT FOR OPEN
		ACCESS TO PUBLIC RECORDS OF A GENEALOGICAL
		NATURE TO LEGISLATORS AND REGULATORS BY LETTER A
		COMMITTEE IS MAINTAINED ON OPEN ACCESS TO
		GOVERNMENTAL RECORDS COMPOSED OF A
		CHAIRPERSON AND SIX MEMBERS FROM THE UNITED
		STATES, CANADA, AND OTHER NATIONS THE COMMITTEE
		COMMUNICATES BY TELEPHONE, EMAIL, AND POSTAL
		MAIL THE MEMBERS OF THE COMMITTEE PAY THEIR OWN
		COSTS IT IS ESTIMATED THAT THE TOTAL COSTS OF THE
		COMMITTEE DO NOT EXCEED \$200 PER YEAR IT IS
		ESTIMATED THAT THE MEMBERS OF THE COMMITTEE
		EACH SPEND APPROXIMATELY 10 HOURS PER YEAR ON
		THE SUBJECT MATTER

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492259006323

OMB No 1545-0047

SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identifie	cation number
INTERNATIONAL ASSOCIATION OF JEWISH		
GENEALOGICAL SOCIETIES	22-2997643	

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 9 DIVIDEND INCOME 45 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 54
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CERCLE DE GENEALOGIE JUIVE AMOUNT GIVEN 2,960
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CERCLE DE GENEALOGIE JUIVE AMOUNT GIVEN 960
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN JOINT DISTRIBUTION COMMITTEE. AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME JGS ISRAEL AMOUNT GIVEN 4,960
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ISRAEL GENEALOGICAL SOCIETY AMOUNT GIVEN 1,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 11,880
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION GENERAL AND ADMINISTRATIVE AMOUNT 3,285 DESCRIPTION CONFERENCE PLANNING EXPENSE AMOUNT 3,528 DESCRIPTION BOARD MEETING AMOUNT 826 TOTAL TO FORM 990-EZ, LINE 16 7,639
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 10,185 END OF YEAR AMOUNT 38,844

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: INTERNATIONAL ASSOCIATION OF JEWISH

GENEALOGICAL SOCIETIES

EIN: 22-2997643

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.