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CANNED

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change TIKVA CORP. Name change 22-3779212 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-501 10TH AVENUE, 9TH FLOOR 917-262-1159 Amende 8,517,877. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-10018 NEW YORK, NY H(a) Is this a group return pending F Name and address of principal officer SETH M. GERSZBERG Yes X No for affiliates? 9TH FLOOR, 475 10TH AVENUE, NEW YORK, NY 10 H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or Ⅰ If "No." attach a list (see instructions) J Website: ➤ WWW.TIKVAODESSA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 2000 M State of legal domicile: NY Trust Association | Part I | Summary Briefly describe the organization's mission or most significant activities. SEE STATEMENT 3 Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 29 Number of voting members of the governing body (Part VI, line 1a) <del>29</del> Number of independent voting members of the governing body (Part VI, line 1b) **Activities &** 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 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** 10,184,969. 8,517,877. Contributions and grants (Part VIII, line 1h) 0 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d Ō. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90, 106, and VELD 11 10,184,969. 8,517,877. Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 5,907,982. 6,600,711 Grants and similar amounts paid (Part IX, column (A), lines 13)
Benefits paid to or for members (Part IX, column (A), line 4) 2 1 2013 n. 201,065. 162,418. Salaries, other compensation, employee benefits (Part IX, column (A), lines ! 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25 1,979,043 1,990,754. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,753,883. 8,088,090. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,096,879. <236,006.> Revenue less expenses Subtract line 18 from line 12 5 Beginning of Current Year **End of Year** Assets Balanc 7,026,947. 7,239,548. 20 Total assets (Part X, line 16) 5,423,405. 5,400,000. 21 Total liabilities (Part X, line 26) 1,603,542. .839.548. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I 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 office Sign PRESIDENT SETH M. GERSZBERG, Here Type or print name and title PTIN Print/Type preparer's name signatur ₽01258714 DANIEL M. HICKEY Paid CBIZ MHM, 34-1883473 LLCPreparer Firm's name Firm's address 1065 AVENUE OF Use Only AMERICAS NEW YORK, NY 10018 Phone no. 212-790-5700 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

| Form      | 990 (2012) TIKVA CORP.  | 22-3779212       | Page 2              |
|-----------|---|------------------|---------------------|
| Par       | t III Statement of Program Service Accomplishments  |                  |                     |
|           | Check if Schedule O contains a response to any question in this Part III  |                  |                     |
| 1         | Briefly describe the organization's mission.  SEE STATEMENT 3   |                  |                     |
|           |   |                  |                     |
|           |   | <del></del>      |                     |
| 2         | Did the organization undertake any significant program services during the year which were not listed on  |                  |                     |
| 2         | the prior Form 990 or 990-EZ?   | Y                | es X No             |
| _         | If "Yes," describe these new services on Schedule O.  |                  | s X No              |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O   |                  |                     |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other |                  |                     |
|           | revenue, if any, for each program service reported  (Code ) (Expenses \$ 7,121,856 · including grants of \$ 6,600,711 · ) (Revenue)   |                  |                     |
| 4a        | (Code ) (Expenses \$ 7,121,856. including grants of \$ 6,600,711.) (Revenue CONSISTENT WITH TIKVA'S PRIMARY PURPOSE AS MORE FULLY DE  | es<br>PCRTRED IN | ·'                  |
|           | STATEMENT 3, DURING 2012 THE ORGANIZATION PROVIDED FUNDS  |                  |                     |
|           | ORPHANAGE SERVING UNDERPRIVILEGED CHILDREN. SAID FUNDS V  | JERE EXPENI      | ED TO               |
|           | PROVIDE HOUSING FOR ABANDONED, ORPHANED AND ABUSED CHILI  | DREN. FUNDS      | WERE                |
|           | ALSO EXPENDED FOR TEACHER SALARIES, RENT, MAINTENANCE, I  |                  |                     |
|           | TRANSPORTATION AND OTHER RELATED COSTS ASSOCIATED WITH M  |                  |                     |
|           | HEALTH, WELFARE AND SOCIAL NEEDS OF THE CHILDREN IN THE   | ORPHANAGE.       |                     |
|           |   |                  |                     |
|           |   | ·                |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
| 4b        | (Code) (Expenses \$) (Revenue)  | ie \$            | )                   |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
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|           |   | <del></del>      |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
| 4c        | (Code) (Expenses \$   | ie \$            | )                   |
|           |   | <u> </u>         |                     |
|           |   |                  |                     |
|           |   | <del></del>      |                     |
|           |   |                  |                     |
|           |   |                  | <del></del>         |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
|           |   |                  |                     |
| 4d        | Other program services (Describe in Schedule O)   |                  |                     |
|           | (Expenses \$ including grants of \$ ) (Revenue \$   |                  |                     |
| <u>4e</u> | Total program service expenses ► 7,121,856.   |                  | ~ <b>990</b> (2012) |

|      |  | 79212        | Р              | age 3    |
|------|--|--------------|----------------|----------|
| Par  | t IV Checklist of Required Schedules   |              | ,              |          |
|      |  |              | Yes            | No       |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |              |                |          |
|      | If "Yes," complete Schedule A  | 1            | X              |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors?   | _2           | Х              |          |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3            |                | x        |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in eff  | fect         |                |          |
|      | during the tax year? If "Yes," complete Schedule C, Part II  | 4            | ŀ              | Х        |
|      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, o  | r 🗆          |                |          |
|      | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5            |                | Х        |
|      | 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, Pa   | arti 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            | ļ              | X        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |              |                | ١        |
|      | Schedule D, Part III   | 8            | ļ              | Х        |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |              | 1              | 1        |
|      | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  | ļ            |                | ١,,      |
|      | If "Yes," complete Schedule D, Part IV   | 9            | 1              | X        |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane  |              |                | x        |
|      | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10           |                | <u> </u> |
| 11 ~ | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  | `            |                | ]        |
| _    | as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |              |                | 1        |
| а    | Part VI  | ′  <br>  11a | x              | i i      |
| h    | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 110          | † <del>¯</del> |          |
| D    | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b          |                | х        |
| С    | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |              |                |          |
| •    | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 110          | 1              | X        |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |              |                |          |
|      | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d          |                | X        |
| e-   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e          | X              |          |
| f~   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |              |                |          |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f          | 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              | 1        |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year?  |              |                |          |
|      | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b          | -              | X        |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13           | -              | X        |
|      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a          | +              | <u> </u> |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business   |              |                | 1        |
|      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV     | 146          | x              |          |
| 45   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  | 170          | +==            | 1-       |
| 15   | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15           | x              |          |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individual  |              | † <u></u>      | 1        |
|      | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16           |                | x        |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |              | 1              | 1        |
| ••   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17           | [              | X        |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | , [          |                |          |
|      | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18           |                | Х        |
| 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           | 1              | X        |

Form **990** (2012)

20a  $\,$  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule  $\,H\,$ 

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) TIKVA CORP.

Part IV Checklist of Required Schedules (continued)

|          |   |                | Yes | No           |
|----------|---|----------------|-----|--------------|
| 21       | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the   |                |     | х            |
| ^~       | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21             |     |              |
| 22       | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,  |                |     | Х            |
| 22       | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22             |     |              |
| 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 | į į            |     |              |
|          | Schedule J  | 23             |     | х            |
| 24a      |   |                |     | <del></del>  |
| C7a      | 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            |     | Х            |
| ь        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b            |     |              |
|          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |                |     |              |
| _        | any tax-exempt bonds?   | 24c            |     |              |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d            |     |              |
|          | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  |                |     |              |
|          | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a            |     | X            |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |                |     |              |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |                |     |              |
|          | Schedule L, Part I  | 25b            |     | _X           |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified   |                |     |              |
|          | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26             | X   |              |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  | i l            |     |              |
|          | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |                |     |              |
|          | of any of these persons? If "Yes," complete Schedule L, Part III  | 27             |     | _ <u>X</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):   |                |     | v            |
|          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a            |     | X            |
|          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b            |     | <u>-</u> ^   |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                    | 28c            |     | х            |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29             |     | X            |
| 29<br>30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |                |     | <del></del>  |
| 50       | contributions? If "Yes," complete Schedule M  | 30             |     | x            |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?  |                |     |              |
| •        | If "Yes," complete Schedule N, Part I   | 31             |     | х            |
| 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             |     | Х            |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |                |     |              |
|          | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33             |     | X            |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |                |     | İ            |
|          | Part V, line 1  | 34             | X   | L            |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a            |     | Х            |
| b        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |                | Ì   | ŀ            |
|          | 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 <sup> </sup> |     | <b>.</b>     |
|          | If "Yes," complete Schedule R, Part V, line 2   | 36             |     | X            |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |                |     | <sub>v</sub> |
| ~~       | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37             |     | X            |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | 38             | x   |              |
|          | Note. All Form 990 filers are required to complete Schedule O   |                |     | (2012)       |
|          |   | 1 01111        |     | (=012)       |

| Par    |   | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V   |         |                     |               |           |             |
|--------|---|--|---------|---------------------|---------------|-----------|-------------|
|        |   | oneck if otherwise of contains a response to any question in this hart v   |         |                     |               | Yes       | No          |
| 12     | Enter th  | ne number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a      | 17                  |               | res       | 140         |
| b      |   | ne number of Forms W-2G included in line 1a Enter -0- if not applicable  | 1b      | 0                   |               |           |             |
| _      |   | organization comply with backup withholding rules for reportable payments to vendors and i   |         | able gaming         |               |           |             |
| ·      |   | ng) winnings to prize winners?   | 0,000   | g                   | 1c            | х         |             |
| 2a     |   | ne number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   | 1       | 1                   |               |           |             |
|        |   | the calendar year ending with or within the year covered by this return  | 2a      | 2                   |               | (         |             |
| b      |   | st one is reported on line 2a, did the organization file all required federal employment tax retu  |         | <b>L</b>            | 2b            | х         |             |
| -      |   | the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction   |         |                     |               |           |             |
| За     |   | organization have unrelated business gross income of \$1,000 or more during the year?  | -,      |                     | 3a            | ı         | Х           |
|        |   | " has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |         |                     | 3b            |           |             |
|        |   | time during the calendar year, did the organization have an interest in, or a signature or other   | autho   | rity over, a        |               |           |             |
|        |   | al account in a foreign country (such as a bank account, securities account, or other financial  |         |                     | 4a            | x         |             |
| b      |   | " enter the name of the foreign country. ► ISRAEL  |         | ,                   |               |           |             |
|        |   | tructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial  | Accou   | ints.               |               |           |             |
| 5a     |   | e organization a party to a prohibited tax shelter transaction at any time during the tax year?  |         |                     | 5a            |           | Х           |
| b      | Did any   | taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-   | action' | 7                   | 5b            |           | X           |
| С      | If "Yes,  | to line 5a or 5b, did the organization file Form 8886-T?   |         |                     | 5c            |           |             |
| 6a     | Does th   | ne organization have annual gross receipts that are normally greater than \$100,000, and did t   | he org  | anization solicit   |               |           |             |
|        | any cor   | ntributions that were not tax deductible as chantable contributions?   |         |                     | 6a            | L         | X           |
| b      | If "Yes,  | did the organization include with every solicitation an express statement that such contribution   | tions o | or gifts            |               |           |             |
|        | were no   | ot tax deductible?   |         |                     | 6b            |           | <u> </u>    |
| 7      | Organi  | zations that may receive deductible contributions under section 170(c).  |         |                     |               |           |             |
| а      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c). |  |         |                     |               |           | X           |
| b      | If "Yes,  | " did the organization notify the donor of the value of the goods or services provided?  |         |                     | 7b            |           | <u> </u>    |
| С      | Did the   | organization sell, exchange, or otherwise dispose of tangible personal property for which it v   | vas rec | quired              |               |           | ٠,,         |
|        |   |  | 1       |                     | 7c            |           | X           |
|        |   |  | _       | L                   | _             |           | v           |
| е      |   | organization receive any funds, directly or indirectly, to pay premiums on a personal benefit  |         | ct?                 | 7e            | <b> </b>  | X           |
| f      |   | organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont  |         | 10                  | 7f            | <b> </b>  |             |
| 9      |   | rganization received a contribution of qualified intellectual property, did the organization file F  |         |                     | 7g            | <b>  </b> | <del></del> |
| h      |   | rganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, did the |         |                     | 7h            | $\vdash$  | $\vdash$    |
| 8      |   | ring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. C<br>Ition, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at   |         |                     | 8             |           | x           |
| _      |   |  | ally u  | ne during the year. | -             | $\vdash$  | <u> </u>    |
| 9      | •   | oring organizations maintaining donor advised funds. organization make any taxable distributions under section 4966?   |         |                     | 9a            |           | x           |
| a<br>b |   | organization make a distribution to a donor, donor advisor, or related person?   |         |                     | 9b            | $\vdash$  | X           |
| 10     |   | n 501(c)(7) organizations. Enter:  |         |                     | - <del></del> |           | <del></del> |
|        |   | n fees and capital contributions included on Part VIII, line 12  | 10a     | Į.                  |               |           |             |
| b      |   | receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b     |                     |               | !         |             |
| 11     |   | n 501(c)(12) organizations. Enter:   |         | •                   |               |           |             |
| а      |   | ncome from members or shareholders   | 11a     |                     |               |           |             |
| b      |   | ncome from other sources (Do not net amounts due or paid to other sources against  |         |                     |               |           |             |
|        |   | ts due or received from them.)   | 11b     |                     |               |           |             |
| 12a    | Section   | n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | n 1041  | ?                   | 12a           |           | <u> </u>    |
| b      | If "Yes,  | enter the amount of tax-exempt interest received or accrued during the year  | 12b     |                     |               |           |             |
| 13     | Section   | n 501(c)(29) qualified nonprofit health insurance issuers.   |         |                     |               |           | <u> </u>    |
| а      | is the c  | organization licensed to issue qualified health plans in more than one state?  |         |                     | 13a           |           |             |
|        | Note. S   | See the instructions for additional information the organization must report on Schedule O.  |         |                     |               |           | 1           |
| b      | Enter tl  | he amount of reserves the organization is required to maintain by the states in which the  |         |                     |               |           | 1           |
|        | organiz   | cation is licensed to issue qualified health plans   | 13b     |                     |               |           | 1           |
| C      | Enter tl  | ne amount of reserves on hand  | 13c     | <u> </u>            | <u> </u>      |           | <u> </u>    |
|        |   | organization receive any payments for indoor tanning services during the tax year?   |         |                     | 14a           | <u> </u>  | X           |
| b      | If "Yes,  | has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu  | ile O   | -                   | 14b           | 000       | (00:10)     |
|        |   |  |         |                     | FOID          | コンサン      | (2012)      |

TIKVA CORP. 22-3779212 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 Section A. Governing Body and Management Yes No 29 1a Enter the number of voting members of the governing body at the end of the tax year 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 29 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, CT, GA, FL, IL, MA, MD, NJ, NY, PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

10018

SETH GERSZBERG - 917-262-1159

501 10TH AVENUE, 9TH FLOOR, NEW YORK,

# 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)               |  |                                     | ((              | <b>)</b>   |                                 |          | (D)                  | (E)                          | (F)                   |
|--|-------------------|--|-------------------------------------|-----------------|--|---------------------------------|----------|----------------------|------------------------------|-----------------------|
| Name and Title   | Average           | (do  | Position<br>not check more than one |                 |  |                                 |          | Reportable           | Reportable                   | Estimated             |
|  | hours per<br>week | box.   | , unle:<br>cer an                   | ss per<br>d a d | erson is both an<br>director/trustee)            |                                 |          | compensation<br>from | compensation<br>from related | amount of other       |
|  | (list any         | Ē  |                                     |                 |  |                                 | Ĺ        | the                  | organizations                | compensation          |
|  | hours for         | trustee or director                              |                                     |                 |  | 20                              |          | organization         | (W-2/1099-MISC)              | from the              |
|  | related           | tee or   | ıstee                               |                 |  | nsale                           |          | (W-2/1099-MISC)      | , `                          | organization          |
|  | organizations     | Sign   | institutional trustee               |                 | Key employee                                     | Highest compensated<br>employee |          |                      |                              | and related           |
|  | below             | ndividual  | tituto                              | Officer         | dwa /  | hest (                          | Former   |                      |                              | organizations         |
| (1) THE VALUE OF THE COLUMN TO | 1.00              | E  | Ē                                   | #6              | ş  | 풀.                              | Ē.       |                      |                              |                       |
| (1) ETHAN KEISER<br>TRUSTEE  | 1.00              | x  |                                     |                 |  |                                 |          | 0.                   | о.                           | 0.                    |
| (2) MARTIN PAISNER   | 1.00              | 1  |                                     |                 | -  |                                 |          | 0.                   | 0.                           | •                     |
| TRUSTEE  | 1.00              | x  |                                     |                 |  |                                 |          | ٥.                   | 0.                           | 0.                    |
| (3) WARREN STIEGLITZ   | 1.00              | <u> </u>   | H                                   |                 |  | ┢                               |          |                      | 0.                           | •                     |
| TRUSTEE  | 1.00              | x  |                                     |                 |  |                                 |          | l 0.                 | ٥.                           | 0.                    |
| (4) SANDRA PIONTAK   | 1.00              | ^  |                                     | -               | ├─   | ╁                               | ┝        | 0.                   |                              |                       |
| TRUSTEE  | 1.00              | x  |                                     |                 |  | 1                               |          | 0.                   | ٥.                           | 0.                    |
| (5) ROSE GERSZBERG   | 1.00              | <del>                                     </del> | ┢                                   |                 | $\vdash$   | ┢                               | ┢        | <del>.</del>         |                              |                       |
| TRUSTEE  |                   | x  |                                     |                 |  |                                 |          | 0.                   | 0.                           | 0.                    |
| (6) MOREY GOLDBERG   | 1.00              | <del> </del>                                     |                                     | -               | <del>                                     </del> |                                 |          |                      |                              |                       |
| TRUSTEE  |                   | X  |                                     |                 |  | l                               |          | 0.                   | 0.                           | 0.                    |
| (7) CARLA HARMAN   | 1.00              |  |                                     |                 |  | T                               | $\vdash$ |                      |                              | -                     |
| TRUSTEE  |                   | x  |                                     |                 | ł  |                                 | l        | 0.                   | 0.                           | 0.                    |
| (8) REFAEL KRUSKAL   | 1.00              |  |                                     |                 |  |                                 |          |                      |                              |                       |
| TRUSTEE  |                   | X  | 1                                   |                 |  |                                 |          | 0.                   | 0.                           | 0.                    |
| (9) LENNY KRAYZELBURG  | 1.00              |  |                                     |                 |  |                                 |          |                      |                              |                       |
| TRUSTEE  |                   | X  |                                     |                 |  |                                 | ļ        | 0.                   | 0.                           | 0.                    |
| (10) EPFY ZINKIN   | 1.00              |  |                                     |                 |  |                                 |          | }                    |                              |                       |
| TRUSTEE  |                   | X  |                                     |                 |  |                                 |          | 0.                   | 0.                           | 0.                    |
| (11) LEAH FRANKEL  | 1.00              |  |                                     |                 |  |                                 |          | 1                    |                              |                       |
| TRUSTEE  |                   | Х  | L_                                  |                 | L  |                                 |          | 0.                   | 0.                           | 0.                    |
| (12) LENNY PIONTAK   | 1.00              |  |                                     |                 |  |                                 |          | _                    | _                            | _                     |
| TRUSTEE  |                   | X  |                                     |                 | L  | 丄                               |          | 0.                   | 0.                           | 0.                    |
| (13) MARC ECKO   | 1.00              |  |                                     |                 |  | ļ                               |          |                      |                              |                       |
| TRUSTEE  |                   | X  | ┖                                   |                 | $oxed{oxed}$                                     | _                               | _        | 0.                   | 0.                           | 0.                    |
| (14) SYDNEY FABER  | 1.00              | 1  |                                     | ļ               | l  |                                 |          |                      |                              |                       |
| TRUSTEB  |                   | Х  | <u> </u>                            | <u> </u>        | _  | ـــــ                           | L        | 0.                   | 0.                           | 0.                    |
| (15) MARCI TAPPER  | 1.00              | <b> </b>   |                                     |                 |  |                                 |          |                      |                              | _                     |
| TRUSTEE  | 1 00              | Х  | Ь-                                  | $\vdash$        | <b>├</b>   | ₩                               | $\vdash$ | 0.                   | 0.                           | 0.                    |
| (16) OKSANA BAIUL  | 1.00              | <b> </b>   | 1                                   | l               |  | 1                               |          | _                    | 1 ^                          |                       |
| TRUSTEE  | 1 00              | X  | -                                   | ├-              | ├  | +                               | 1        | 0.                   | 0.                           | 0.                    |
| (17) ROBERT SPIVAK   | 1.00              | x  |                                     | 1               | 1  |                                 |          | 0.                   | 0.                           | 0.                    |
| TRUSTEE  | <u> </u>          | ΙΔ.  | Ц_                                  | L               | L_   |                                 | <u> </u> | <u> </u>             | <u> </u>                     | Form <b>990</b> (2012 |

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Form **990** (2012)

| FORM 990 (2012) 11RVA CC  |                    | _                              |  |          |              |                              |          |                         | <u> </u>             | <del>4 - 4</del> |                     | age o       |
|---|--------------------|--------------------------------|--|----------|--------------|------------------------------|----------|-------------------------|----------------------|------------------|---------------------|-------------|
| Part VII Section A. Officers, Directors, Tru                                    | stees, Key Em      | ploy                           | ees  | , an     | d Hi         | ighe                         | st C     | ompensated Employe      | es (continued)       |                  |                     |             |
| (A)   | (B)                |                                |  | ((       | C)           |                              |          | (D)                     | (E)                  |                  | (F)                 |             |
| Name and title  | Average            | Ido                            |  | Pos      |              | 1<br>than                    | one      | Reportable              | Reportable           | Es               | tımate              | ∍d          |
|   | hours per          | box                            | , unle   | ss pe    | rson         | ıs bot                       | h an     | compensation            | compensation         | am               | ount (              | of          |
|   | week               | ⊢-                             | cerar  | nd a d   | irecto       | or/trus                      | tee)     | from                    | from related         |                  | other               |             |
|   | (list any          | oto                            |  | l        |              |                              |          | the                     | organizations        |                  | pensa               |             |
|   | hours for related  | 흉                              | , g  |          |              | ated                         |          | organization            | (W-2/1099-MISC)      |                  | om the              |             |
|   | organizations      | nstee                          | trust  |          | ۰            | suadi                        |          | (W-2/1099-MISC)         |                      | _                | anızatı<br>d relatı |             |
|   | below              | ral tr                         | Jona   |          | ploye        | 1 con                        | ١.       | 1                       |                      |                  | ınızatı             |             |
|   | line)              | Individual trustee or director | Institutional trustee                            | Officer  | Key employee | Highest compensated employee | Former   |                         |                      | J                | · ···               | 0.10        |
| (18) ARTHUR BLACK   | 1.00               | ┝ <u>┺</u>                     | <del>                                     </del> | ۴        | Ť            | ==                           | ٣        |                         |                      |                  |                     |             |
| TRUSTEE   |                    | x                              |  | 1        |              |                              |          | 0.                      | 0.                   |                  |                     | 0.          |
| (19) NORTON CHERNYAVSKY   | 1.00               | T                              | $\vdash$   | T        | i –          |                              |          |                         |                      |                  |                     |             |
| TRUSTEE   |                    | X                              |  |          |              |                              |          | 0.                      | 0.                   |                  |                     | 0.          |
| (20) KEITH FRANKEL  | 1.00               |                                | П  |          |              | Γ                            |          |                         | -                    |                  |                     |             |
| TRUSTEE   |                    | X                              | L  |          |              | _                            | _        | 0.                      | 0.                   |                  |                     | 0.          |
| (21) ELLIOT SCHNIER   | 1.00               |                                |  |          | ĺ            |                              | 1        | _                       |                      |                  |                     | _           |
| TRUSTEE   |                    | X                              |  | 乚        | L            |                              | <u> </u> | 0.                      | 0.                   | L                |                     | 0.          |
| (22) EMILY LEHRMAN  | 15.00              | ļ                              |  | l        |              | l                            |          | 4 500                   | _                    |                  |                     | •           |
| DIRECTOR-DEVELOPMENT  | 1 00               | X                              |  | <u> </u> | <u> </u>     | ╙                            | ļ        | 1,500.                  | 0.                   |                  |                     | 0.          |
| (23) SCOTT YAGODA   | 1.00               | ļ.,                            |  |          |              | 1                            |          | ا م                     | _                    |                  |                     | 0           |
| TRUSTEE   | 1 00               | Х                              | ┡  | ┞        | -            | 1                            | <b> </b> | 0.                      | 0.                   | ├                |                     | 0.          |
| (24) EITAN MELAMED  | 1.00               | x                              |  |          |              |                              |          | 0.                      | 0.                   |                  |                     | 0.          |
| TRUSTEE CAPPEGER  | 1.00               | ^                              | ┝  | ┝        | ╁            | $\vdash$                     | ├        |                         | <u></u>              | ├─               |                     | <u> </u>    |
| (25) SETH M. GERSZBERG  | 1.00               | -                              |  | x        |              |                              |          | 0.                      | 0.                   |                  |                     | 0.          |
| PRESIDENT (26) RABBI SHLOMO BAKSHT  | 1.00               | <u> </u>                       | -  | 1        | ┢            | ╁                            | ╁        | 0.                      | 0.                   | <del></del>      |                     | <u> </u>    |
| VICE PRESIDENT  | 1.00               | ł                              |  | x        |              |                              |          | 0.                      | 0.                   |                  |                     | 0.          |
|   |                    | <u> </u>                       | <u> </u>   | 1        | l            | ┶                            |          | 1,500.                  | 0.                   | $\vdash$         |                     | 0.          |
| 1b Sub-total  | /// Castian A      |                                |  |          |              |                              |          | 0.                      | 0.                   | $\vdash$         |                     | 0.          |
| c Total from continuation sheets to Part  | VII, Section A     |                                |  |          |              |                              |          | 1,500.                  | 0.                   | <del> </del>     |                     | 0.          |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but     | mat limited to the |                                | lint   | od 0     | bay          | مد اه                        | ho r     | <u> </u>                | L                    |                  |                     | <del></del> |
| 2 Total number of individuals (including but compensation from the organization | not imited to ti   | 105€                           | : 1151   | eu a     | DUV          | e, w                         | 1101     | eceived more than \$100 | ,000 of reportable   |                  |                     | 0           |
| compensation from the organization  |                    |                                |  |          |              |                              |          |                         |                      | $\neg \tau$      | Yes                 | No          |
| 3 Did the organization list any former office                                   | r director or tr   | iste                           | e ka   | 2V 61    | mple         | ovee                         | or       | highest compensated e   | molovee on           |                  |                     |             |
| line 1a? If "Yes," complete Schedule J for                                      |                    |                                | o,   | J, U.    | р            | ,                            | ,        | mg/look componicated c  | p.oy oo o            | <sub>3</sub>     |                     | Х           |
| 4 For any individual listed on line 1a, is the                                  |                    |                                | omp  | ens      | atio         | n an                         | d ot     | her compensation from   | the organization     |                  |                     |             |
| and related organizations greater than \$1                                      |                    |                                |  |          |              |                              |          |                         | 3                    | 4                |                     | x           |
| 5 Did any person listed on line 1a receive o                                    |                    |                                |  |          |              |                              |          |                         | idual for services   |                  |                     |             |
| rendered to the organization? If "Yes," co                                      | mplete Schedu      | le J                           | for s  | uch      | per          | son                          |          |                         |                      | 5                |                     | Х           |
| Section B. Independent Contractors  |                    |                                |  |          |              |                              |          |                         |                      |                  |                     |             |
| 1 Complete this table for your five highest of                                  | compensated in     | dep                            | end  | ent d    | cont         | ract                         | ors (    | that received more than | \$100,000 of compens | sation f         | rom                 |             |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | NONE                          | (B) Description of services    | (C)<br>Compensation                                    |
|----------------------------------|-------------------------------|--------------------------------|--|
|                                  |                               |                                |  |
|                                  |                               |                                |  |
|                                  |                               |                                |  |
|                                  |                               |                                |  |
|                                  |                               |                                |  |
|                                  | (A) Name and business address | Name and business address NONE | Name and business address NONE Description of services |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

12-10-1

| orm 990 TIKVA CC                            |   |                                |                       |                |  |                              |          |  | 22-377                                   | 7214  |
|---|---|--------------------------------|-----------------------|----------------|--|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, To | ustees, Key Eı  | mple                           | yee                   | s, a           | nd ł   | ligh                         | est      | Compensated Employ                     | ees (continued)                          |   |
| (A)<br>Name and title                       | (B)<br>Average<br>hours   | (c                             |                       | Posi<br>call t | rtion  |                              | ly)      | (D) Reportable compensation from       | (E) Reportable compensation from related | (F)<br>Estimated<br>amount of   |
|   | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer        | Key employee                                     | Highest compensated employee | Former   | the<br>organization<br>(W·2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (27) EDWARD FRANKEL                         | 1.00  |                                |                       |                |  |                              |          |  |  | _   |
| CHAIRMAN                                    |   | oxdot                          |                       | Х              |  |                              | _        | 0.                                     | 0.                                       | <u> </u>  |
| (28) RICHARD THRUSH                         | 1.00  | ]                              |                       |                |  |                              |          | 1                                      |  | _   |
| FREASURER *RESIGNED 10/23/2012              |   |                                |                       | Х              |  | L_                           | <u> </u> | 0.                                     | 0.                                       | (   |
| (29) ANDREW J. STAMELMAN                    | 1.00  | ļ                              |                       |                |  |                              |          |  |  |   |
| SECRETARY                                   |   | <u>L</u>                       | L                     | X              |  |                              |          | 0.                                     | 0.                                       | (   |
|   |   | 1                              |                       |                |  |                              |          |  |  | •   |
|   |   | _                              |                       |                |  | <u> </u>                     | <u> </u> |  |  |   |
|   |   | 1                              |                       |                |  |                              | İ        |  |  |   |
|   | -   | ┝                              | <b> </b>              |                |  |                              | _        |  |  |   |
|   |   | ┨                              |                       |                |  |                              |          |  |  |   |
|   | <del></del>   | ├                              | _                     |                | ⊢  | H                            | <u> </u> |  |  |   |
|   |   | ┨                              |                       |                |  |                              |          |  |  |   |
|   |   | ├                              | -                     | ⊢              | ┝  | ┝                            |          |  |  |   |
|   | -   | ┨                              |                       | 1              |  | ĺ                            |          |  |  |   |
|   | +   | <u> </u>                       |                       | ┢              |  |                              | ┢        |  |  |   |
|   |   | ł                              |                       |                |  |                              |          | 1                                      |  |   |
|   |   | ╁一                             | ⊢                     |                | H  | -                            |          | <u> </u>                               | <u> </u>                                 |   |
|   |   | 1                              |                       |                |  |                              |          |  |  |   |
|   |   | ╁                              | ┢┈                    | $\vdash$       | ┢  | _                            | $\vdash$ |  |  |   |
|   |   | 1                              |                       |                |  |                              |          |  |  |   |
|   | †   | $\vdash$                       | <del>  -</del>        | $t^-$          | <del>                                     </del> | T                            |          |  |  |   |
|   |   | 1                              |                       |                |  |                              |          |  |  |   |
|   | <del>                                     </del>                                    |                                | 1                     |                |  |                              |          | -                                      |  |   |
|   | -   | 1                              |                       |                |  |                              |          |  |  |   |
|   |   | Т                              |                       | T              |  |                              | $\Box$   |  |  |   |
|   |   | 1                              | l                     |                |  |                              |          |  |  |   |
|   |   |                                |                       |                |  |                              |          |  |  |   |
|   |   |                                |                       | L              | <u>.</u>   | l                            |          |  |  |   |
|   |   |                                |                       |                |  |                              |          |  |  |   |
|   |   |                                |                       |                |  |                              | L        |  |  |   |
|   |   |                                |                       |                |  |                              |          |  |  |   |
|   |   | _                              | <u> </u>              | _              |  |                              |          |  |  |   |
| <del></del>                                 |   | 1                              |                       |                |  | 1                            |          | 1                                      | ŀ  |   |
|   | _   | 乚                              | <del> </del>          | <u> </u>       |  | <u> </u>                     | L        |  |  |   |
|   |   | 1                              |                       |                |  |                              |          |  |  |   |
|   |   | 上                              | <u> </u>              | <u> </u>       | L_   | <u> </u>                     | L_       |  |  |   |
|   |   | 1                              |                       |                |  |                              |          |  |  |   |
|   |   | 1                              | 1                     | 1              | 1  | I                            | 1        | I .                                    | 1  | I   |

| Pai  | _        | •••    | Check if Schedule O cont                               |                | nse 1 | o any question | ın this Part VIII    |  |   |  |
|--|----------|--------|--|----------------|-------|----------------|----------------------|--|---|--|
|  |          |        |  |                |       |                | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |
| nts  | 1        | а      | Federated campaigns                                    | 1a             |       |                |                      |  |   | 1  |
| e a  |          | b      | Membership dues  | 1b             |       |                |                      |  |   |  |
| Ar.  |          | С      | Fundraising events                                     | 1c             |       |                |                      |  |   |  |
| 트립   |          | d      | Related organizations                                  | 1d             |       |                |                      |  |   |  |
| ž,Ē  |          | ө      | Government grants (contribut                           | tions) 1e      |       |                |                      |  |   |  |
| 흔  |          | f      | All other contributions, gifts, gran                   |                |       |                |                      |  |   |  |
| 혈美   |          |        | similar amounts not included abo                       | ve 1f          | 8,    | 517,877.       |                      |  |   | ]  |
| 벌  |          | g      | Noncash contributions included in lines                | 1a-1f \$       |       |                |                      |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts |          | h      | Total. Add lines 1a-1f                                 |                |       | <u> </u>       | 8,517,877.           |  |   |  |
|  |          |        |  |                |       | Business Code  |                      |  |   |  |
| <u>5</u>   | 2        | а      |  |                | _     |                |                      |  |   |  |
| er.  |          | b      |  |                | _     |                |                      |  |   |  |
| S E  |          | C      |  | _              | _     | -,·            |                      |  |   | ļ  |
| Bear   |          | d      |  |                | _     |                |                      |  |   |  |
| Program Service<br>Revenue                             |          | е      |  |                | _     |                |                      |  |   |  |
| ٦  |          | f      | All other program service reve                         | enue           |       |                | <del></del>          |  |   |  |
| $\dashv$   | _        | 9      | Total. Add lines 2a-2f                                 |                | -4    | <u> </u>       |                      |  |   |  |
|  | 3        |        | Investment income (including                           | aiviaenas, ii  | ntere | sı, anu        |                      |  |   |  |
| l  | 4        |        | other similar amounts) Income from investment of ta    | v avamnt ha    | -d -  | racanda        |                      |  |   | <del></del>  |
| l  | 5        |        | Royalties  | x-exempt bu    | na p  | oceeus -       |                      | <u> </u>                               |   | <u> </u>   |
|  | 9        |        | rioyanies  | (i) Real       |       | (ii) Personal  |                      |  |   |  |
|  | 6        | а      | Gross rents  | - (7) 1104     |       | (1) 1 01001141 |                      |  |   |  |
|  | Ī        |        | Less: rental expenses                                  |                |       |                | '                    |  |   |  |
|  |          |        | Rental income or (loss)                                |                |       |                |                      |  |   |  |
|  |          |        | Net rental income or (loss)                            |                |       | <u> </u>       |                      | ł                                      |   | 1  |
|  | 7        |        | Gross amount from sales of                             | (i) Securit    | es    | (ii) Other     |                      |  |   |  |
|  |          |        | assets other than inventory                            |                |       |                |                      |  |   |  |
| ļ  |          | b      | Less cost or other basis                               |                |       |                |                      |  |   |  |
|  |          |        | and sales expenses                                     | L              |       |                |                      |  |   |  |
|  |          | C      | Gain or (loss)   |                |       |                |                      |  |   | İ  |
|  |          | d      | Net gain or (loss)                                     |                |       | <b>•</b>       |                      |  |   |  |
| evenue   | 8        | а      | Gross income from fundraisin including \$              | •              | t     |                |                      |  |   |  |
| Ş Ç  |          |        | contributions reported on line                         | 1c) See        |       |                |                      |  |   |  |
| er F   |          |        | Part IV, line 18                                       |                | а     |                |                      |  |   |  |
| Other  | i        | b      | Less: direct expenses                                  |                | ь     |                |                      |  |   |  |
|  |          | С      | Net income or (loss) from fun                          | draisıng ever  | nts   |                |                      |  |   |  |
|  | 9        | а      | Gross income from gaming a                             | ctivities. See |       |                |                      |  |   |  |
|  |          |        | Part IV, line 19                                       |                | а     |                |                      | 1                                      |   |  |
|  |          |        | Less: direct expenses                                  |                | b     |                | Į                    |  |   |  |
|  |          |        | Net income or (loss) from gar                          | -              | S     | <u> </u>       | ļ                    |  |   |  |
|  | 10       | а      | Gross sales of inventory, less                         | returns        |       |                |                      |  |   |  |
|  |          |        | and allowances   |                | a     |                | {                    |  |   |  |
|  |          |        | Less cost of goods sold                                |                | b     |                |                      |  |   |  |
|  |          | C      | Net income or (loss) from sale<br>Miscellaneous Reveni |                |       | Business Code  |                      | <u> </u>                               |   | <del> </del>   |
|  | 11       | _      | IVIISCEIIAITEOUS NEVEITI                               | 16             |       | Busilless Code | 1                    |  |   | İ  |
|  | i ''     | a<br>b |  |                | —     | _              |                      |  | _                                       | -  |
|  |          | c      |  |                | _     |                |                      |  |   |  |
|  |          | d      | All other revenue                                      |                | _     |                |                      |  |   | <del></del>  |
|  |          |        | <b></b>  |                | •     | <b>•</b>       |                      |  |   |  |
|  | 12       | _      | Total revenue. See instructions.                       |                |       |                | 8,517,877.           | 0.                                     | 0.                                      | 0.   |
| 23200<br>12-10   | 9<br>-12 |        |  |                |       |                |                      |  |   | Form <b>990</b> (2012)   |

Form 990 (2012) TIKVA CORP.

Part IX | Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) |   |                       |                              |                                     |   |  |  |  |  |  |
|---|---|-----------------------|------------------------------|-------------------------------------|---|--|--|--|--|--|
|   | Check if Schedule O contains a respon   |                       |                              |                                     |   |  |  |  |  |  |
|   | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> )<br>Fundraising<br>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  |                       |                              |                                     |   |  |  |  |  |  |
|   | United States See Part IV, lines 15 and 16  | 6,600,711.            | 6,600,711.                   |                                     |   |  |  |  |  |  |
| 4   | Benefits paid to or for members   |                       |                              |                                     |   |  |  |  |  |  |
| 5   | Compensation of current officers, directors,  |                       |                              |                                     |   |  |  |  |  |  |
|   | trustees, and key employees   |                       |                              |                                     |   |  |  |  |  |  |
| 6   | Compensation not included above, to disqualified  |                       |                              | :                                   |   |  |  |  |  |  |
|   | persons (as defined under section 4958(f)(1)) and   |                       |                              |                                     |   |  |  |  |  |  |
|   | persons described in section 4958(c)(3)(B)  | 160 410               |                              | 1.60 410                            |   |  |  |  |  |  |
| 7   | Other salaries and wages  | 162,418.              |                              | 162,418.                            | <u>-</u>                                |  |  |  |  |  |
| 8   | Pension plan accruals and contributions (include  |                       |                              |                                     |   |  |  |  |  |  |
| _   | section 401(k) and 403(b) employer contributions)   |                       |                              |                                     |   |  |  |  |  |  |
| 9   | Other employee benefits   |                       |                              |                                     |   |  |  |  |  |  |
| 10  | Payroll taxes Fees for services (non-employees):  |                       |                              |                                     |   |  |  |  |  |  |
| 11  | ` ' ' '   |                       |                              |                                     |   |  |  |  |  |  |
| a   | Management  |                       |                              |                                     |   |  |  |  |  |  |
| b   | Legal Accounting  |                       |                              |                                     |   |  |  |  |  |  |
| d   | Lobbying  | -                     |                              |                                     |   |  |  |  |  |  |
| e   | Professional fundraising services. See Part IV, line 17   |                       |                              |                                     |   |  |  |  |  |  |
| f   | Investment management fees  |                       |                              |                                     |   |  |  |  |  |  |
| q   | Other (If line 11g amount exceeds 10% of line 25,   |                       |                              |                                     |   |  |  |  |  |  |
| ,   | column (A) amount, list line 11g expenses on Sch O.)  |                       | -                            |                                     |   |  |  |  |  |  |
| 12  | Advertising and promotion   |                       |                              |                                     |   |  |  |  |  |  |
| 13  | Office expenses   | 47,973.               |                              | 47,973.                             |   |  |  |  |  |  |
| 14  | Information technology  |                       |                              |                                     |   |  |  |  |  |  |
| 15  | Royalties   |                       |                              |                                     |   |  |  |  |  |  |
| 16  | Occupancy   |                       |                              |                                     |   |  |  |  |  |  |
| 17  | Travel  | 39,654.               |                              | 39,654.                             |   |  |  |  |  |  |
| 18  | Payments of travel or entertainment expenses  |                       |                              |                                     |   |  |  |  |  |  |
|   | for any federal, state, or local public officials   |                       |                              |                                     |   |  |  |  |  |  |
| 19  | Conferences, conventions, and meetings  | E70 000               |                              | 578,000.                            |   |  |  |  |  |  |
| 20  | Interest  | 578,000.              |                              | 570,000.                            | <del> </del>                            |  |  |  |  |  |
| 21  | Payments to affiliates  | 215,187.              |                              | 215,187.                            |   |  |  |  |  |  |
| 22<br>23  | Depreciation, depletion, and amortization<br>Insurance  | 213,107.              | ·                            | 213,107.                            |   |  |  |  |  |  |
| 23<br>24  | Other expenses. Itemize expenses not covered  |                       |                              |                                     |   |  |  |  |  |  |
| 24  | above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule O.) |                       |                              |                                     |   |  |  |  |  |  |
| а   | FUNDRAISING COSTS   | 1,029,311.            | 521,145.                     |                                     | 508,166.                                |  |  |  |  |  |
| b   | BANK CHARGES  | 34,570.               |                              | 34,570.                             |   |  |  |  |  |  |
| c   | PROFESSIONAL FEES   | 24,902.               |                              | 24,902.                             |   |  |  |  |  |  |
| d   | SUNDRY  | 17,678.               |                              | 17,678.                             |   |  |  |  |  |  |
| е   | All other expenses  | 3,479.                |                              | 3,479.                              |   |  |  |  |  |  |
| 25  | Total functional expenses. Add lines 1 through 24e  | 8,753,883.            | 7,121,856.                   | 1,123,861.                          | 508,166.                                |  |  |  |  |  |
| 26  | Joint costs. Complete this line only if the organization  |                       |                              |                                     | _                                       |  |  |  |  |  |
|   | reported in column (B) joint costs from a combined  |                       |                              |                                     |   |  |  |  |  |  |
|   | educational campaign and fundraising solicitation.  |                       |                              |                                     |   |  |  |  |  |  |
|   | Check here it following SOP 98-2 (ASC 958-720)  |                       |                              |                                     |   |  |  |  |  |  |

| Part                        | <b>X</b> | Balance Sheet   |                          |     |                    |
|-----------------------------|----------|---|--------------------------|-----|--------------------|
|                             |          | Check if Schedule O contains a response to any question in this Part X            |                          |     |                    |
|                             |          |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1        | Cash - non-interest-bearing   | 104,754.                 | 1   | 106,525            |
| ļ                           | 2        | Savings and temporary cash investments  | -                        | 2   |                    |
|                             | 3        | Pledges and grants receivable, net  |                          | 3   |                    |
|                             | 4        | Accounts receivable, net  |                          | 4   |                    |
| -                           | 5        | Loans and other receivables from current and former officers, directors,          |                          |     |                    |
|                             |          | trustees, key employees, and highest compensated employees Complete               |                          |     |                    |
|                             |          | Part II of Schedule L   | L                        | 5   |                    |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under     |                          |     |                    |
|                             |          | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                          |     |                    |
| İ                           |          | employers and sponsoring organizations of section 501(c)(9) voluntary             |                          |     |                    |
| .                           |          | employees' beneficiary organizations (see instr) Complete Part II of Sch L        |                          | 6   |                    |
| Assets                      | 7        | Notes and loans receivable, net   |                          | 7   |                    |
| Ass                         | 8        | Inventories for sale or use   |                          | 8   |                    |
| 1                           | 9        | Prepaid expenses and deferred charges   |                          | 9   |                    |
| -                           | 10a      | Land, buildings, and equipment cost or other                                      |                          |     |                    |
|                             |          | basis. Complete Part VI of Schedule D 10a 9,322,868                               |                          |     |                    |
| -                           | b        | Less accumulated depreciation 10b 2,402,446                                       | 7,134,794.               | 10c | 6,920,422          |
| -                           | 11       | Investments - publicly traded securities  |                          | 11  |                    |
| -                           | 12       | Investments - other securities. See Part IV, line 11                              | <u>-</u>                 | 12  |                    |
| -                           | 13       | Investments - program-related See Part IV, line 11                                |                          | 13  |                    |
| -                           | 14       | Intangible assets   |                          | 14  |                    |
| -                           | 15       | Other assets. See Part IV, line 11  |                          | 15  |                    |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 34)                         | 7,239,548.               | 16  | 7,026,947          |
|                             | 17       | Accounts payable and accrued expenses   |                          | 17  |                    |
| -                           | 18       | Grants payable  |                          | 18  |                    |
| -                           | 19       | Deferred revenue  |                          | 19  |                    |
| 2                           | 20       | Tax-exempt bond liabilities   |                          | 20  |                    |
| ဖ္က   2                     | 21       | Escrow or custodial account liability Complete Part IV of Schedule D              |                          | 21  |                    |
| Liabilities                 | 22       | Loans and other payables to current and former officers, directors, trustees,     |                          |     |                    |
| <u>a</u>                    |          | key employees, highest compensated employees, and disqualified persons.           |                          |     |                    |
| -                           |          | Complete Part II of Schedule L  | 1,850,000.               | 22  | 1,873,405          |
| 2                           | 23       | Secured mortgages and notes payable to unrelated third parties                    |                          | 23  |                    |
| 2                           | 24       | Unsecured notes and loans payable to unrelated third parties                      |                          | 24  |                    |
| 2                           | 25       | Other liabilities (including federal income tax, payables to related third        |                          |     |                    |
|                             |          | parties, and other liabilities not included on lines 17-24) Complete Part X of    |                          |     |                    |
| - 1                         |          | Schedule D  | 3,550,000.               | 25  | 3,550,000          |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 5,400,000.               | 26  | 5,423,405          |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here ▶                        |                          |     |                    |
| 8                           |          | complete lines 27 through 29, and lines 33 and 34.                                |                          |     |                    |
| ဋ္ဌ   ဒ                     | 27       | Unrestricted net assets   |                          | 27  |                    |
| ğ   2                       | 28       | Temporarily restricted net assets   |                          | 28  |                    |
| ē   2                       | 29       | Permanently restricted net assets   |                          | 29  |                    |
| Ē                           |          | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                          |     |                    |
| 5                           |          | and complete lines 30 through 34.   |                          |     |                    |
| <b>:</b>   :                | 30       | Capital stock or trust principal, or current funds                                | 0.                       | 30  | 0                  |
| ss   ;                      | 31       | Paid-in or capital surplus, or land, building, or equipment fund                  | 0.                       | 31  | 0                  |
| Net Assets or Fund Balances | 32       | Retained earnings, endowment, accumulated income, or other funds                  | 1,839,548.               | 32  | 1,603,542          |
| z  :                        | 33       | Total net assets or fund balances   | 1,839,548.               | 33  | 1,603,542          |
| :                           | 34       | Total liabilities and net assets/fund balances                                    | 7,239,548.               | 34  | 7,026,947          |

| +orm | 11KVA CORP.   | <u> </u>    | 117212 | <u>Ра</u> | ge 12      |
|------|---|-------------|--------|-----------|------------|
| Pai  | t 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           | 8,51   | .7,8      | <u>77.</u> |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2           | 8,75   |           |            |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3           |        |           | 06.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4           | 1,83   | 9,5       | 48.        |
| 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,                    | 1           |        |           |            |
|      | column (B))   | 10          | 1,60   | 3,5       | <u>42.</u> |
| Par  | t XII Financial Statements and Reporting  |             |        |           |            |
|      | Check if Schedule O contains a response to any question in this Part XII  |             |        |           | <u>X</u>   |
|      |   |             |        | Yes       | No         |
| 1    | Accounting method used to prepare the Form 990. X Cash Accrual Other  |             | _      | 1         |            |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | О.          | ľ      | 1         |            |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |             | 2a     | <u> </u>  | X          |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe        | d on a      |        | ł         |            |
|      | separate basis, consolidated basis, or both:  |             |        | Ì         | !          |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |             |        |           |            |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |             | 2b     | X         | <u> </u>   |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa        | te basis,   |        | İ         |            |
|      | consolidated basis, or both.  |             |        | i         |            |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |             |        | l         |            |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | ie audit,   |        | i         | İ          |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |             | 2c     | X         | <u> </u>   |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule O     |        | l         |            |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Audıt  | : [    |           | l          |
|      | Act and OMB Circular A-133?   |             | 3a     |           | X          |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ııred audıt |        |           |            |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |             | 3b     | <u> </u>  | <u> </u>   |
|      |   |             | Form   | 1990      | (2012)     |

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Name of the organization

TIKVA CORP.

Employer identification number 22-3779212

| D    | 41            | Doccor 4         | for Dublic Char                |                                    | _4            | A ======1 ·        | - Abre 1          | \ Cas :=:-        |                            |                             |       | <u> </u> | ~       |        |
|------|---------------|------------------|--------------------------------|------------------------------------|---------------|--------------------|-------------------|-------------------|----------------------------|-----------------------------|-------|----------|---------|--------|
| Pa   |               |                  |                                | ity Status (All organiza           |               |                    |                   |                   | ructions                   |                             |       |          |         |        |
| he i | organ         |                  |                                | because it is (For lines 1         |               |                    |                   |                   |                            |                             |       |          |         |        |
| 1    | 昗             |                  |                                | s, or association of churc         |               | ribed in <b>se</b> | ction 170         | b)(1)(A)(ı)       | •                          |                             |       |          |         |        |
| 2    |               | A school desc    | cribed in section 17           | <b>0(b)(1)(A)(ii).</b> (Attach Scl | hedule E.)    |                    |                   |                   |                            |                             |       |          |         |        |
| 3    |               | •                |                                | tal service organization o         |               |                    |                   |                   |                            |                             |       |          |         |        |
| 4    | Ш             | A medical res    | search organization of         | operated in conjunction            | with a hos    | pıtal descr        | rbed in se        | ction 170         | (b)(1)(A)(ii               | i). Enter i                 | the h | nospital | 's nan  | ne,    |
|      |               | city, and state  | e                              |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |
| 5    |               |                  |                                | benefit of a college or un         | niversity ov  | vned or op         | erated by         | a governr         | nental uni                 | t describ                   | ed ir | 1        |         |        |
|      |               | section 170(     | ( <b>b)(1)(A)(iv).</b> (Comple | ete Part II.)                      |               |                    |                   |                   |                            |                             |       |          |         |        |
| 6    | 닏             | A federal, sta   | te, or local governm           | ent or governmental und            | t described   | lın sectio         | n 170(b)(1        | )(A)(v).          |                            |                             |       |          |         |        |
| 7    | LX            | An organization  | on that normally rec           | eives a substantial part o         | of its supp   | ort from a         | governme          | ntal unit o       | r from the                 | general                     | publ  | ıc desc  | rıbed   | ın     |
|      | _             | section 170(I    | <b>b)(1)(A)(vi).</b> (Comple   | te Part II.)                       |               |                    |                   |                   |                            |                             |       |          |         |        |
| 8    | $\sqsubseteq$ | A community      | trust described in s           | ection 170(b)(1)(A)(vi). (         | (Complete     | Part II.)          |                   |                   |                            |                             |       |          |         |        |
| 9    |               | An organization  | on that normally rec           | eives. (1) more than 33 1          | 1/3% of its   | support fr         | rom contri        | butions, m        | nembershij                 | p fees, a                   | nd g  | ross red | ceipts  | from   |
|      |               | activities relat | ted to its exempt fur          | nctions - subject to certa         | ıın excepti   | ons, and (2        | 2) no more        | than 33 1         | /3% of its                 | support                     | fron  | n gross  | ınves   | tment  |
|      |               | income and u     | inrelated business ta          | axable income (less sect           | ion 511 ta    | x) from bu         | sinesses a        | cquired b         | y the orga                 | nızatıon                    | after | June 3   | 0, 19   | 75     |
|      |               | See section 5    | <b>509(a)(2).</b> (Complete    | Part III.)                         |               |                    |                   |                   |                            |                             |       |          |         |        |
| 10   | $\square$     | An organization  | on organized and op            | perated exclusively to tes         | st for publi  | c safety S         | See <b>sectio</b> | n 509(a)(4        | i).                        |                             |       |          |         |        |
| 11   |               | An organization  | on organized and op            | perated exclusively for th         | ne benefit d  | of, to perfo       | orm the fur       | nctions of,       | or to carry                | y out the                   | pur   | poses c  | of one  | or     |
|      |               | more publicly    | supported organiza             | ations described in section        | on 509(a)(1   | l) or section      | on 509(a)(2       | ). See <b>sec</b> | tion <b>509</b> (a         | a)( <b>3</b> ). Ch          | eck 1 | the box  | that    |        |
|      |               | describes the    | type of supporting             | organization and comple            | ete lines 1°  | 1e through         | 11h.              |                   |                            |                             |       |          |         |        |
|      |               | a Type I         | ь Ш ту                         | /peⅡ c∐Ty                          | ype III - Fui | nctionally i       | ntegrated         | d                 | I                          | e III - Noi                 | n-fur | ctionall | ly inte | grated |
| е    |               | By checking t    | this box, I certify tha        | it the organization is not         | controlled    | directly o         | r indirectly      | by one or         | r more disc                | qualified                   | pers  | ons oth  | ner tha | an     |
|      |               | foundation m     | anagers and other t            | han one or more publicly           | y supporte    | d organiza         | ations desc       | cribed in s       | ection 509                 | 9(a)(1) or                  | sect  | ion 509  | (a)(2)  |        |
| f    |               | If the organiza  | ation received a writ          | ten determination from t           | the IRS tha   | at it is a Ty      | pe I, Type        | II, or Type       | e III                      |                             |       |          |         |        |
|      |               | supporting or    | rganization, check th          | nis box                            |               |                    |                   |                   |                            |                             |       |          |         |        |
| g    |               | Since August     | t 17, 2006, has the o          | organization accepted ar           | ny gift or co | ontribution        | from any          | of the follo      | owing pers                 | sons?                       |       |          |         |        |
| -    |               |                  |                                | rectly controls, either al         |               |                    |                   |                   |                            |                             | ,     |          | Yes     | No     |
|      |               | the gove         | erning body of the si          | upported organization?             |               |                    |                   |                   |                            |                             |       | 11g(ı)   |         |        |
|      |               | (ii) A family    | member of a persor             | n described in (i) above?          |               |                    |                   |                   |                            |                             | - [   | 11g(ii)  |         |        |
|      |               | (iii) A 35% c    | controlled entity of a         | person described in (i) o          | or (II) above | e?                 |                   |                   |                            |                             |       | 11g(iii) |         |        |
| h    |               | • •              | -                              | about the supported org            |               |                    |                   |                   |                            |                             | •     |          |         |        |
|      |               |                  |                                | ,,                                 |               | ` ,                |                   |                   |                            |                             |       |          |         |        |
| /i\  | Name          | of supported     | (ii) EIN                       | (iii) Type of organization         | (iv) Is the o | rganization        | (v) Did you       | notify the        | (vi) ls                    |                             | (vii) | Amount   | of mo   | netary |
| (.,  |               | anization        | (,                             | (described on lines 1-9            | in col. (i) h |                    |                   |                   | organizátic<br>(i) organiz | on in col.  <br>ed in the ! | l``'' |          | port    |        |
|      | - 0           |                  |                                |                                    | governing     | document?          | (i) of your       | support?          | Ü.S                        | .7                          |       | •        |         |        |
|      |               |                  |                                | (see instructions))                | Yes           | No                 | Yes               | No                | Yes                        | No                          | 1     |          |         |        |
|      |               | -                |                                |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |
|      |               |                  |                                |                                    | L             |                    |                   |                   |                            |                             | L     |          |         |        |
|      |               |                  |                                |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |
|      |               |                  |                                |                                    | <u> </u>      | <del> </del>       |                   |                   |                            |                             |       |          |         |        |
|      |               |                  |                                |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |
|      |               |                  |                                |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |
|      |               |                  |                                |                                    | <del> </del>  |                    |                   |                   |                            |                             |       |          |         |        |
|      |               | _                | _                              |                                    | -             |                    | <u> </u>          |                   |                            |                             |       |          |         |        |
| Tota | ıl            |                  |                                |                                    |               |                    |                   |                   |                            |                             |       |          |         |        |

232021 12-04-12

Form 990 or 990-EZ.

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2012.04040 TIKVA CORP.

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 TIKVA CORP.

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

| ب   | (Complete only if you checke                | •                            | . 7. or 8 of Part I o |                       |                      |                    |                |
|-----|---|------------------------------|-----------------------|-----------------------|----------------------|--------------------|----------------|
|     | fails to qualify under the test             |                              |                       |                       | , ,                  |                    | J .            |
| Sec | ction A. Public Support                     |                              |                       | ·                     |                      |                    |                |
|     | ndar year (or fiscal year beginning in)     | (a) 2008                     | (b) 2009              | (c) 2010              | (d) 2011             | (e) 2012           | (f) Total      |
|     | Gifts, grants, contributions, and           | \_,                          |                       | , ,                   | <u> </u>             |                    |                |
| •   | membership fees received (Do not            |                              |                       |                       |                      |                    |                |
|     | include any "unusual grants ")              | 12311178.                    | 8264973.              | 7843660.              | 10184969.            | 8517877            | .47122657.     |
| 2   | Tax revenues levied for the organ-          |                              |                       |                       |                      |                    |                |
|     | ization's benefit and either paid to        | ]                            |                       |                       |                      |                    |                |
|     | or expended on its behalf                   | i                            |                       |                       |                      |                    |                |
| 3   | The value of services or facilities         | ·                            |                       |                       | 1-                   |                    |                |
| •   | furnished by a governmental unit to         |                              |                       |                       |                      |                    |                |
|     | the organization without charge             |                              |                       |                       |                      |                    |                |
| 4   | Total. Add lines 1 through 3                | 12311178.                    | 8264973.              | 7843660.              | 10184969.            | 8517877            | .47122657.     |
|     | The portion of total contributions          |                              |                       |                       |                      |                    | <del></del>    |
| Ū   | by each person (other than a                |                              |                       |                       |                      |                    |                |
|     | governmental unit or publicly               |                              |                       |                       |                      |                    |                |
|     | supported organization) included            |                              |                       |                       |                      |                    |                |
|     | on line 1 that exceeds 2% of the            |                              | !                     |                       |                      |                    |                |
|     | amount shown on line 11,                    |                              |                       |                       |                      |                    |                |
|     | column (f)                                  |                              |                       |                       |                      |                    | 7990470.       |
| 6   | Public support. Subtract line 5 from line 4 |                              |                       |                       |                      |                    | 39132187.      |
|     | ction B. Total Support                      | ,I                           |                       | <u> </u>              | <del>- L</del>       | <u> </u>           |                |
| _   | endar year (or fiscal year beginning in)    | (a) 2008                     | (b) 2009              | (c) 2010              | (d) 2011             | (e) 2012           | (f) Total      |
|     | Amounts from line 4                         | 12311178.                    | 8264973.              | 7843660.              | 10184969.            | 8517877            | .47122657.     |
| 8   | Gross income from interest,                 |                              |                       |                       |                      |                    |                |
| -   | dividends, payments received on             |                              |                       |                       |                      |                    |                |
|     | securities loans, rents, royalties          |                              |                       |                       |                      |                    |                |
|     | and income from similar sources             |                              |                       |                       |                      |                    |                |
| 9   | Net income from unrelated business          |                              |                       |                       |                      |                    |                |
| _   | activities, whether or not the              |                              |                       |                       |                      |                    |                |
|     | business is regularly carried on            |                              |                       |                       |                      |                    |                |
| 10  | Other income. Do not include gain           |                              |                       |                       |                      |                    |                |
|     | or loss from the sale of capital            |                              |                       | }                     |                      |                    |                |
|     | assets (Explain in Part IV)                 |                              |                       |                       |                      |                    |                |
| 11  | Total support. Add lines 7 through 10       | -                            |                       |                       |                      |                    | 47122657.      |
| 12  |   | , etc (see instructi         | ons)                  |                       |                      | 12                 |                |
| 13  | First five years. If the Form 990 is for    | •                            | -                     | d, fourth, or fifth t | tax year as a sectio | n 501(c)(3)        |                |
|     | organization, check this box and sto        |                              |                       |                       |                      |                    | ▶□             |
| Se  | ction C. Computation of Pub                 |                              | rcentage              |                       |                      |                    |                |
| 14  | Public support percentage for 2012          | (line 6, column (f) d        | ivided by line 11, o  | column (f))           |                      | 14                 | 83.04 %        |
| 15  | Public support percentage from 201          | 1 Schedule A, Part           | II, line 14           |                       |                      | 15                 | 67.49 %        |
| 16a | a 33 1/3% support test - 2012. If the       | organization did no          | ot check the box o    | n line 13, and line   | 14 is 33 1/3% or r   | nore, check this i | box and        |
|     | stop here. The organization qualifies       | as a publicly supp           | orted organization    | ר                     |                      |                    | ightharpoons X |
| t   | 33 1/3% support test - 2011. If the         | organization did no          | ot check a box on     | line 13 or 16a, and   | d line 15 is 33 1/3% | 6 or more, check   | this box       |
|     | and stop here. The organization qua         | ilifies as a publicly :      | supported organiz     | ation                 |                      |                    | ▶□             |
| 178 | a 10% -facts-and-circumstances tes          | st - 2012. If the org        | janization did not i  | check a box on lir    | ne 13, 16a, or 16b,  | and line 14 is 109 | % or more,     |
|     | and if the organization meets the "fa       |                              |                       |                       |                      |                    |                |
|     | meets the "facts-and-circumstances"         | test. The organiza           | ation qualifies as a  | publicly supporte     | ed organization      |                    | ▶□             |
| ì   | o 10% -facts-and-circumstances tes          | st - <b>2011.</b> If the org | anization did not     | check a box on lir    | ne 13, 16a, 16b, or  | 17a, and line 15   | s 10% or       |
|     | more, and if the organization meets t       | the "facts-and-circu         | ımstances" test, c    | heck this box and     | d stop here. Explair | n in Part IV how t | he             |
|     | organization meets the "facts-and-cii       | rcumstances" test.           | The organization      | qualifies as a pub    | licly supported org  | anızatıon          | ▶Щ             |

Schedule A (Form 990 or 990-EZ) 2012

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

# 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 to qualify under the tests listed below, please complete Part II)

| Se        | ction A. Public Support  |                      |                      |                        |                       |                     |              |
|-----------|--|----------------------|----------------------|------------------------|-----------------------|---------------------|--------------|
| Cal       | endar year (or fiscal year beginning in) 🕨   | (a) 2008             | (b) 2009             | (c) 2010               | (d) 2011              | (e) 2012            | (f) Total    |
| 1         | Gifts, grants, contributions, and  | 1                    | 1.5                  |                        |                       |                     |              |
|           | membership fees received (Do not   |                      |                      |                        |                       |                     |              |
|           | include any "unusual grants ")   |                      |                      |                        |                       |                     |              |
| 2         | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                      |                        |                       |                     |              |
| 3         | Gross receipts from activities that  |                      | -                    |                        | •                     |                     |              |
|           | are not an unrelated trade or bus-<br>iness under section 513  |                      |                      |                        |                       |                     |              |
| 4         | Tax revenues levied for the organ-   |                      |                      |                        |                       |                     |              |
|           | ization's benefit and either paid to or expended on its behalf   |                      |                      |                        |                       |                     |              |
| 5         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                      | •                      |                       |                     |              |
| 6         | Total. Add lines 1 through 5   |                      |                      |                        |                       |                     |              |
| 7         | a Amounts included on lines 1, 2, and  |                      |                      |                        |                       |                     |              |
| ı         | 3 received from disqualified persons<br>3 Amounts included on lines 2 and 3 received<br>from other than disqualified persons that  |                      |                      |                        |                       |                     |              |
|           | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                      |                      |                        |                       |                     |              |
|           | c Add lines 7a and 7b  |                      |                      |                        |                       |                     |              |
|           | Public support (Subtract line 7c from line 6.)   |                      |                      |                        |                       |                     |              |
|           | ction B. Total Support   |                      | <u></u>              |                        | <u> </u>              | 1                   | <del>1</del> |
| _         | endar year (or fiscal year beginning in)   | (a) 2008             | <b>(b)</b> 2009      | (c) 2010               | (d) 2011              | (e) 2012            | (f) Total    |
|           | Amounts from line 6  |                      |                      | · · · · ·              |                       | ,                   |              |
|           | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                      |                      |                        |                       |                     |              |
| 1         | b Unrelated business taxable income  |                      |                      |                        |                       |                     |              |
|           | (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                      |                        |                       |                     |              |
|           | c Add lines 10a and 10b<br>Net income from unrelated business  | -                    |                      |                        |                       | <u> </u>            |              |
|           | activities not included in line 10b,<br>whether or not the business is<br>regularly carned on  |                      |                      |                        |                       |                     |              |
| 12        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                      |                      |                        |                       |                     |              |
|           | Total support. (Add lines 9, 10c, 11, and 12)  | <u></u>              |                      | <u> </u>               |                       | <u> </u>            | <u> </u>     |
| 14        | First five years. If the Form 990 is for   | r the organization'  | s first, second, thi | rd, fourth, or fifth 1 | tax year as a section | on 501(c)(3) organı | zation,      |
|           | check this box and stop here   |                      |                      |                        |                       |                     | ▶□           |
| <u>Se</u> | ction C. Computation of Pub  | lic Support Pe       | rcentage             |                        |                       | тг                  |              |
|           | Public support percentage for 2012   |                      |                      | column (f))            |                       | 15                  | <u>%</u>     |
|           | Public support percentage from 201   |                      |                      |                        |                       | 16                  | %            |
| _         | ction D. Computation of Inve   |                      |                      |                        |                       | T T                 |              |
|           | Investment income percentage for 2   | •                    |                      | ne 13, column (f))     |                       | 17                  |              |
| 18        | , ,  |                      |                      |                        | . 45                  | 18                  | 47 :         |
| 19        | a 33 1/3% support tests - 2012. If the   |                      |                      |                        |                       |                     | 1 / is not   |
|           | more than 33 1/3%, check this box a<br>b 33 1/3% support tests - 2011. If the  | e organization did r | not check a box o    | n line 14 or line 19   | a, and line 16 is m   | ore than 33 1/3%,   | _            |
|           | line 18 is not more than 33 1/3%, ch   | eck this box and s   | top here. The org    | anızatıon qualifies    | as a publicly supp    | oorted organization | <b>▶</b> ∐   |
| 20        | Private foundation. If the organization  | on did not check a   | box on line 14, 19   | a, or 19b, check t     | this box and see ir   | structions          | <u> </u>     |

### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

|          | TIKVA CORP.  |  | 22-3779212                                  |
|----------|--|--|---|
| Par      | t I Organizations Maintaining Donor Advise   | ed Funds or Other Similar Funds of               | r Accounts. Complete if the                 |
|          | organization answered "Yes" to Form 990, Part IV, lin  |  |   |
|          |  | (a) Donor advised funds                          | (b) Funds and other accounts                |
| 1        | Total number at end of year  |  | <del></del>                                 |
| 2        | Aggregate contributions to (during year)   |  |   |
| 3        | Aggregate grants from (during year)  |  |   |
| 4        |  |  |   |
|          | Aggregate value at end of year  Did the organization inform all donors and donor advisors in | writing that the assets held in depar advised    | funds                                       |
| 5        |  |  | Yes No                                      |
| _        | are the organization's property, subject to the organization's                               | _  |   |
| 6        | Did the organization inform all grantees, donors, and donor a                                |  | -   |
|          | for charitable purposes and not for the benefit of the donor                                 | or donor advisor, or for any other purpose coi   |   |
| <b>.</b> | impermissible private benefit?   |  | Yes No                                      |
| Par      |  |  | IV, line 7                                  |
| 1        | Purpose(s) of conservation easements held by the organizat                                   | tion (check all that apply).                     |   |
|          | Preservation of land for public use (e.g., recreation or                                     | education) Preservation of an histor             | ically important land area                  |
|          | Protection of natural habitat  | Preservation of a certified                      | d historic structure                        |
|          | Preservation of open space   |  |   |
| 2        | Complete lines 2a through 2d if the organization held a qual                                 | ified conservation contribution in the form of a | a conservation easement on the last         |
|          | day of the tax year  |  |   |
|          |  |  | Held at the End of the Tax Year             |
| а        | Total number of conservation easements   |  | 2a  |
| b        | Total acreage restricted by conservation easements   |  | 2b  |
|          | Number of conservation easements on a certified historic st                                  | ructure included in (a)                          | 2c  |
|          | Number of conservation easements included in (c) acquired                                    |  |   |
| _        | listed in the National Register  | and of fried, and not on a motorio obtained      | 2d  |
| 3        | Number of conservation easements modified, transferred, re                                   | pleased extinguished or terminated by the or     |   |
| 3        | _  | sieased, extinguished, or terminated by the or   | gariization during the tax                  |
|          | year ▶Number of states where property subject to conservation ea                             | anament in located                               |   |
| 4        |  |  |   |
| 5        | Does the organization have a written policy regarding the per                                |  | Yes No                                      |
| _        | violations, and enforcement of the conservation easements                                    |  |   |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting                                  |  |   |
| 7        | Amount of expenses incurred in monitoring, inspecting, and                                   |  |   |
| 8        | Does each conservation easement reported on line 2(d) abo                                    | ove satisfy the requirements of section 170(n)(  |   |
| _        | and section 170(h)(4)(B)(ii)?  |  | └ Yes └ No                                  |
| 9        | In Part XIII, describe how the organization reports conservation                             |  |   |
|          | include, if applicable, the text of the footnote to the organization                         | ation's financial statements that describes the  | e organization's accounting for             |
| [D-      | conservation easements.  | 6 Aut Historical Transcrups or Oth               | er Cimiler Accets                           |
| Pai      | t III Organizations Maintaining Collections of   |  | er Similar Assets.                          |
|          | Complete if the organization answered "Yes" to Form  |  |   |
| 1a       | If the organization elected, as permitted under SFAS 116 (A                                  | •  |   |
|          | historical treasures, or other similar assets held for public ex                             | khibition, education, or research in furtherance | e of public service, provide, in Part XIII, |
|          | the text of the footnote to its financial statements that described                          |  |   |
| b        | If the organization elected, as permitted under SFAS 116 (A                                  | SC 958), to report in its revenue statement ar   | nd balance sheet works of art, historical   |
|          | treasures, or other similar assets held for public exhibition, e                             | education, or research in furtherance of public  | service, provide the following amounts      |
|          | relating to these items  |  |   |
|          | (i) Revenues included in Form 990, Part VIII, line 1   |  | <b>▶</b> \$                                 |
|          | (ii) Assets included in Form 990, Part X   |  | ► \$<br>► \$                                |
| 2        | If the organization received or held works of art, historical tri                            | easures, or other similar assets for financial g |   |
| _        | the following amounts required to be reported under SFAS                                     |  | •   |
| а        | Revenues included in Form 990, Part VIII, line 1   | · · · ·  | ▶ \$  |
|          | Assets included in Form 990, Part X  |  | ► \$<br>► \$                                |
| -        | · · · · · · · · · · · · · · · · · · ·  |  | · ·   |

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| Sche     | dule D (Form 990) 2012 TIKVA C                    |                                       |                      |                |               |                | 3779212 Page 2         |
|----------|---|---------------------------------------|----------------------|----------------|---------------|----------------|------------------------|
| Par      | t III   Organizations Maintaining C               |                                       |                      |                |               |                |                        |
| 3        | Using the organization's acquisition, accessi     | on, and other records,                | check any of the     | following that | t are a signi | ficant use of  | ts collection items    |
|          | (check all that apply):                           |                                       |                      |                |               |                |                        |
| а        | Public exhibition                                 | ď                                     | Loan or exc          | hange progra   | ms            |                |                        |
| b        | Scholarly research                                | е                                     | Other                |                |               |                |                        |
| С        | Preservation for future generations               |                                       |                      |                |               |                |                        |
| 4        | Provide a description of the organization's co    | ollections and explain h              | now they further t   | he organizatio | on's exemp    | t purpose in F | Part XIII              |
| 5        | During the year, did the organization solicit o   | r receive donations of                | art, historical trea | sures, or othe | er sımılar as | sets           |                        |
|          | to be sold to raise funds rather than to be ma    | aintained as part of the              | organization's co    | ollection?     |               |                | Yes No                 |
| Par      | t IV Escrow and Custodial Arran                   | gements. Complete                     | of the organization  | n answered "   | Yes" to Fo    | m 990, Part I  | V, line 9, or          |
|          | reported an amount on Form 990, Pai               | t X, line 21.                         |                      |                |               |                |                        |
| 1a       | Is the organization an agent, trustee, custode    | an or other intermedial               | ry for contribution  | ns or other as | sets not inc  | luded          |                        |
|          | on Form 990, Part X?                              |                                       |                      |                |               |                | Yes No                 |
| ь        | If "Yes," explain the arrangement in Part XIII    | and complete the follo                | wing table:          |                |               |                |                        |
|          | , ,   | ·                                     | -                    |                |               |                | Amount                 |
| С        | Beginning balance                                 |                                       |                      |                |               | 1c             |                        |
|          | Additions during the year                         |                                       |                      |                |               | 1d             |                        |
| e        | Distributions during the year                     |                                       |                      |                |               | 1e             |                        |
| f        | Ending balance                                    |                                       |                      |                |               | 1f             |                        |
|          | Did the organization include an amount on Fe      | orm 990. Part X. line 21              | 1?                   |                |               |                | Yes No                 |
|          | If "Yes," explain the arrangement in Part XIII    |                                       |                      | provided in F  | Part XIII     |                |                        |
| Pai      |   |                                       |                      |                |               |                |                        |
|          | ,   | (a) Current year                      | (b) Prior year       | (c) Two year   |               | Three years ba | ck (e) Four years back |
| 1a       | Beginning of year balance                         |                                       | <u> </u>             | 1              |               |                |                        |
| b        | Contributions                                     |                                       |                      |                |               |                |                        |
| c        | Net investment earnings, gains, and losses        | _                                     |                      |                |               |                |                        |
|          | Grants or scholarships                            |                                       |                      |                |               |                |                        |
|          | Other expenditures for facilities                 |                                       |                      |                |               |                |                        |
| ·        | and programs                                      |                                       |                      |                | l             |                |                        |
| f        | Administrative expenses                           |                                       |                      |                |               |                |                        |
| g        | End of year balance                               | -                                     |                      |                |               |                |                        |
| 2        | Provide the estimated percentage of the cur       | rent year end balance                 | (line 1a. column (   | a)) held as    |               | •              | <del></del>            |
| a        | Board designated or quasi-endowment               | one you. one ouranes                  | %                    | -,,            |               |                |                        |
| b        | Permanent endowment                               | <u> </u>                              |                      |                |               |                |                        |
|          | Temporarily restricted endowment                  |                                       |                      |                |               |                |                        |
| ·        | The percentages in lines 2a, 2b, and 2c shou      |                                       |                      |                |               |                |                        |
| 3a       | Are there endowment funds not in the posse        | •                                     | on that are held a   | and administe  | red for the   | organization   |                        |
| - Ju     | by:   |                                       |                      |                |               | <b>3</b>       | Yes No                 |
|          | (i) unrelated organizations                       |                                       |                      |                |               |                | 3a(i)                  |
|          | (ii) related organizations                        |                                       |                      |                |               |                | 3a(ii)                 |
| h        | If "Yes" to 3a(ii), are the related organization: | s listed as required on               | Schedule R?          |                |               |                | 3b                     |
| 4        | Describe in Part XIII the intended uses of the    | · · · · · · · · · · · · · · · · · · · |                      |                |               |                |                        |
| _        | rt VI Land, Buildings, and Equipm                 |                                       |                      |                |               |                |                        |
|          | Description of property                           | (a) Cost or oth                       |                      | t or other     | (c) Accı      | umulated       | (d) Book value         |
|          | becomplient of property                           | basis (investme                       | , , ,                | (other)        | • •           | ciation        | <b>\-,</b>             |
| 12       | Land  |                                       |                      |                | ·             |                |                        |
|          | Buildings   |                                       | 8.10                 | 4,996.         | 1,18          | 8,850.         | 6,916,146.             |
|          | Leasehold improvements                            | <u> </u>                              |                      | 31,662.        |               | 1,662.         | 0.                     |
| ار<br>ام | Equipment   |                                       |                      | 6,210.         |               | 1,934.         | 4,276.                 |
|          | Other   |                                       |                      | ,              |               |                |                        |
|          | L Add least to through to (Column (d) must s      | aud Form 000 Port V                   | column (P) line      | 10(0)          |               |                | 6,920,422.             |

22-3779212 Page 3 TIKVA CORP. Schedule D (Form 990) 2012 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (C) (D) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes LOAN PAYABLE - UNRELATED 3RD PARTY 3,550,000. (3) (4) (5) (6) \_(7) (8) (9) (10)3,550,000. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

232053 12-10-12

# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection

| TIKVA CORP.                                |   |   |  | 22-377921   | 12   |
|--|---|---|--|---|--|
|  | mation on A                               | ctivities Out   | side the United States. Comple   |   | •  |
| to Form 990, Par                           | t IV, line 14b                            |   |  |   |  |
|  |   |   | ds to substantiate the amount of its gra   |   |  |
| the grantees' eligibility fo               | or the grants or a                        | ssistance, and  | the selection criteria used to award the   | e grants or assistance?   | Yes X No   |
| 2 For grantmakers. Desc<br>United States   | ribe in Part V the                        | organization's i  | procedures for monitoring the use of its   | s grants and other assistance out   | side the   |
| 3 Activities per Region (TI                | ne following Part                         | I, line 3 table ca  | an be duplicated if additional space is r  | needed)   |  |
| (a) Region                                 | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region<br>(by type) (e.g., fundraising, program<br>services, investments, grants to<br>recipients located in the region) | (e) If activity listed in (d)<br>is a program service,<br>describe specific type<br>of service(s) in region | (f) Total<br>expenditures<br>for and<br>investments<br>in region |
|  |   |   |  |   |  |
| UKRAINE                                    |   |   | SEE ATTACHED STATEMENT 3   |   | 0.   |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
| 3 a Sub-total                              | 0   | 0   |  |   | 0.   |
| b Total from continuation sheets to Part I |   | 0   |  |   | 0.   |
| c Totals (add lines 3a                     | 0   | 0   |  | <u> </u>  | 0.   |

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

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 Schedule F (Form 990) 2012

Part II Grants and Other

| (i) Method of<br>valuation (book, FMV,<br>appraisal, other) | ляа                   |  |  |  |  |
|---|-----------------------|--|--|--|--|
| (h) Description of non-cash assistance                      |                       |  |  |  |  |
| (g) Amount of non-cash assistance                           | 0.                    |  |  |  | xempt by   |
| (f) Manner of<br>cash disbursement                          | 7121856 WIRE TRANSFER |  |  |  | recognized as tax-e  |
| (e) Amount<br>of cash grant                                 | 7121856.              |  |  |  | foreign country,   |
| (d) Purpose of<br>grant                                     | SEE STATEMENT 3       |  |  |  | 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 grantes or counsel has provided a section 501 (c)(3) equivalency letter |
| (c) Region  | UKRAINB               |  |  |  | ns listed above that are related a section   |
| (b) IRS code section and EIN (if applicable)                |                       |  |  |  | recipient organization   |
| 1<br>(a) Name of organization                               |                       |  |  |  | 2 Enter total number of recipient organizations listed above that the IRS or for which the crantae or coursel has provided a se  |

Schedule F (Form 990) 2012

Enter total number of other organizations or entitles

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TIKVA CORP.

Schedule F (Form 990) 2012 TIKVA CORP.

Schedule F (Form 990) 2012 TIKVA CORP.

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

| 1 1  | ] 1 | 1 |  | <b>1</b> |  |  | <br> | 1 | lω                         |
|--|-----|---|--|----------|--|--|------|---|----------------------------|
| (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |     |   |  |          |  |  |      |   | Schedule F (Form 990) 2012 |
| (g) Description of non-cash assistance                         |     |   |  |          |  |  |      |   | Schedt                     |
| (f) Amount of non-cash assistance                              |     |   |  |          |  |  |      |   |                            |
| (e) Manner of cash disbursement                                |     |   |  |          |  |  |      |   |                            |
| (d) Amount of cash grant                                       |     |   |  |          |  |  |      |   |                            |
| (c) Number of<br>recipients                                    |     |   |  |          |  |  |      |   |                            |
| (b) Region   |     |   |  |          |  |  |      |   |                            |
| (a) Type of grant or assistance (b) Region                     |     |   |  |          |  |  |      |   |                            |

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

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

OMB No 1545-0047

Open To Public Inspection

| Name of the organization    | תענוא מסם                | D.                            |          |  |                       |              |                       |  |             | ridenti<br>792 |                  | on nu    | ımber   |
|-----------------------------|--------------------------|-------------------------------|----------|--|-----------------------|--------------|-----------------------|--|-------------|----------------|------------------|----------|---------|
| Part I Excess Bene          | IKVA COR                 |                               | 01(0)(3  | S) and s   | section 501(c)(4)     | organ        | nizations only)       | 144  | -31         | 134            | 12               |          |         |
|                             |                          | •                             |          | •  |                       | _            | or Form 990-EZ, F     | art V  | line 40     | <b>1</b> h     |                  |          |         |
| 1                           | (h) F                    | Relationship bet              |          |  |                       | 200,         | 611 61111 330 12,1    | art v,   | 11110 40    | <del>/U.</del> | (d)              | Corre    | ected?  |
| (a) Name of disqualified p  | erson                    | person and or                 |          | •  |                       | (c)          | Description of tran   | nsactio  | 'n          |                |                  | es       | No      |
|                             |                          | <b>J</b>                      | <u> </u> |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          | •                             |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          | _                             |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  | l        |         |
| 2 Enter the amount of tax i | ncurred by the c         | rganization mar               | nagers   | or disc  | qualified persons     | durır        | ng the year under     |  |             |                |                  |          |         |
| section 4958                |                          |                               |          | . 41   |                       |              |                       |  | <b>▶</b> \$ |                |                  |          |         |
| 3 Enter the amount of tax,  | if any, on line 2,       | above, reimburs               | sea by   | tne or   | ganization            |              |                       |  | •           |                |                  |          |         |
| Part II Loans to and        | or From Int              | erested Per                   | sons     | <del>.</del>                                     |                       |              |                       |  |             |                |                  | ·        |         |
|                             | organization ansv        | wered "Yes" on                | Form !   | 990-EZ   | . Part V. line 38a    | or Fo        | orm 990, Part IV, lii | ne 26.   | or if th    | ne oras        | ınızatı          | on       |         |
| reported an amo             | -                        |                               |          |  | ,                     |              | ,                     |  |             | J              |                  |          |         |
| (a) Name of                 | (b) Relationship<br>with | (c) Purpose                   | (d) La   | oan to or  | (e) Original          |              | (f) Balance due       |  | ) In        | (h) Apj        | proved<br>ard or | , (1)    | Vritten |
| interested person           | organization             | of loan                       |          | ization?   | principal amour       | nt           |                       | defa   | ault?       | comm           |                  | agree    | ement?  |
|                             |                          |                               | -        | From   |                       |              |                       | Yes  | No          | Yes            | No               | Yes      | No      |
| MEE APPAREL LLC             |                          |                               | X        | ļ  | 4,000,000             | ) <u>. [</u> | ,873,405.             | ļ  | X           | X              |                  | X        | 1       |
|                             |                          |                               | ↓        | <b>_</b>   |                       |              |                       | <b>├</b> -                                       |             | igspace        |                  |          | ₩       |
| <del></del>                 |                          |                               |          |  |                       | +            |                       | ├  |             |                |                  |          | +       |
| <del>-</del>                |                          | -                             | ╁        | <del> </del>                                     |                       | +            |                       | -  | -           | -              | <u> </u>         | -        | +       |
|                             |                          |                               | +        | ╂┈─  |                       | +            |                       | <del>                                     </del> |             | $\vdash$       | -                |          | +-      |
|                             |                          |                               | +        | ╁──  |                       | +            |                       | +  |             |                |                  | $\vdash$ | +-      |
|                             |                          |                               | +        | <del>                                     </del> |                       | $\dashv$     |                       | <del> </del>                                     |             | $\vdash$       |                  |          | †       |
|                             |                          |                               | 1        | <u> </u>   |                       | $\dashv$     |                       | 1  |             |                |                  |          | $\top$  |
|                             |                          |                               |          |  |                       | T            |                       |  |             |                |                  |          |         |
| Total                       |                          |                               |          |  |                       | \$1          | .,873,405.            |  |             |                |                  |          |         |
| Part III Grants or As       | sistance Be              | nefiting Inte                 | reste    | ed Pe  | rsons.                |              |                       |  |             |                |                  |          |         |
| Complete if the c           |                          | wered "Yes" on                | Form     | 990, Pa  | art IV, line 27.      |              | <u> </u>              |  |             |                |                  |          |         |
| (a) Name of interested p    | person                   | (b) Relationship              |          |  | (c) Amount assistance |              | (d) Type<br>assistar  |  |             |                | ) Purp<br>assist |          | əf      |
|                             | l                        | interested per<br>the organiz |          | ıa   | usolota loc           |              | 200,012               |  |             |                | 200.00           | ۵,,,,,   |         |
| <del></del>                 | <u> </u>                 |                               |          |  |                       |              | -                     |  | $\dashv$    |                |                  |          |         |
| <del></del>                 |                          |                               |          |  | <u> </u>              |              | <del></del>           |  | $\dashv$    |                |                  |          |         |
|                             | <u> </u>                 |                               |          |  |                       |              |                       |  | $\dashv$    |                |                  |          |         |
|                             |                          |                               |          |  | <u> </u>              |              |                       |  |             |                |                  |          |         |
| <del></del>                 | _                        |                               |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              | _                     |  |             |                |                  |          |         |
|                             |                          |                               |          |  |                       |              |                       |  |             |                |                  |          |         |

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012

### **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

TIKVA CORP.

Employer identification number 22-3779212

| <u>T</u>                    | IKVA CORP.   | 22-3779212                         |
|-----------------------------|--|------------------------------------|
| FORM 990, PART VI           | , SECTION A, LINE 2: INDIVIDUAL                          | 'S NAME TITLE OR                   |
| ROLE EX                     | PLANATION OF RELATIONSHIP                                |                                    |
| MARC ECKO                   | TRUSTEE  | BROTHER                            |
| MARCI TAPPER                | TRUSTEE  | SISTER                             |
| EDWARD FRANKEL              | CHAIRMAN   | HUSBAND                            |
| LEAH FRANKEL                | TRUSTEE  | WIFE                               |
| SYDNEY FABER                | TRUSTEE  | FATHER                             |
| HAYLEY GERSZBERG            | TRUSTEE  | DAUGHTER                           |
| SETH GERSZBERG              | PRESIDENT  | SON                                |
| ROSE GERSZBERG              | TRUSTEE  | MOTHER                             |
| SANDRA PIONTAK              | TRUSTEE  | HUSBAND                            |
| LENNY PIONTAK               | TRUSTEE  | WIFE                               |
| SETH GERSZBERG              | PRESIDENT  | BUSINESS RELATIONSHIP              |
| RICHARD THRUSH*             | TREASURER  | BUSINESS RELATIONSHIP              |
| *RESIGNED EFFECT            | IVE 10/23/2012   |                                    |
| SETH GERSZBERG              | PRESIDENT  | BUSINESS RELATIONSHIP              |
| EFFY ZINKIN                 | TRUSTEE  | BUSINESS RELATIONSHIP              |
| SETH GERSZBERG              | PRESIDENT  | BUSINESS RELATIONSHIP              |
| LHA For Paperwork Reduction | Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990 or 990-EZ) (2 |

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)

| Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  TIKVA CORP. |                        | Employer identification in 22-3779212       |
|---|------------------------|---|
| MARC ECKO   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| EFFY ZINKIN   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| MARC ECKO   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| EFFY ZINKIN   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| RICHARD THRUSH*   | TREASURER              | BUSINESS RELATIONSHIP                       |
| *RESIGNED EFFECTIVE 10/2  | 3/2012                 |   |
| MARC ECKO   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| RICHARD THRUSH*   | TREASURER              | BUSINESS RELATIONSHIP                       |
| *RESIGNED EFFECTIVE 10/2  | 3/2012                 | <u> </u>                                    |
| EDWARD FRANKEL  | TRUSTEE                | FAMILY MEMBER                               |
| KEITH FRANKEL   | TRUSTEE                | FAMILY MEMBER                               |
| LEAH FRANKEL  | TRUSTEE                | FAMILY MEMBER                               |
| KEITH FRANKEL   | TRUSTEE                | FAMILY MEMBER                               |
| MARCI TAPPER  | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| SETH GERSZBERG  | PRESIDENT              | BUSINESS RELATIONSHIP                       |
| MARCI TAPPER  | TRUSTEE                | SISTER                                      |
| MARC ECKO   | TRUSTEE                | BROTHER                                     |
| MARCI TAPPER  | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| EFFY ZINKIN   | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| MARCI TAPPER  | TRUSTEE                | BUSINESS RELATIONSHIP                       |
| 232212<br>01-04-13<br>171024 797696 3779212                                   | 33<br>2012.04040 TIKVA | Schedule O (Form 990 or 990-EZ CORP . 37792 |

| Name of the organization TIKVA CO | ORP.                    | Employer identific 22-37792 |              |
|-----------------------------------|-------------------------|-----------------------------|--------------|
| RICHARD THRUSH*                   | TREASURER               | BUSINESS RELATIONS          | HIP          |
| *RESIGNED EFFECTIVE               | 10/23/2012              |                             |              |
|                                   |                         |                             |              |
| MARCI TAPPER                      | TRUSTEE                 | BUSINESS RELATIONS          | HIP          |
| MARC ECKO                         | TRUSTEE                 | BUSINESS RELATIONS          | IIP          |
|                                   |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION A, LINE 6: DETAIL | LS AVAILABLE UPON REQUEST   | r            |
|                                   |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION A, LINE 7A: DETA  | ILS AVAILABLE UPON REQUES   | ST           |
|                                   |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION A, LINE 8A: DETA  | ILS AVAILABLE UPON REQUES   | ST           |
|                                   |                         |                             | <del></del>  |
| FORM 990, PART VI, SEC            | CTION A, LINE 8B: DETA  | ILS AVAILABLE UPON REQUES   | ST           |
| <del></del>                       |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION B, LINE 11: DETA  | ILS AVAILABLE UPON REQUES   | ST           |
|                                   |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION B, LINE 12C: DETA | AILS AVAILABLE UPON REQUE   | <u>EST</u>   |
|                                   |                         |                             |              |
| FORM 990, PART VI, SEC            | CTION B, LINE 15: DETA  | ILS AVAILABLE UPON REQUES   | <u> </u>     |
| EODW 000 DADW VI CE               | OMION C. LINE 10. EINN  | NOTAL CHAMENEY ADE CIDO     |              |
| TO DONORS VIA ANNUAL I            |                         | NCIAL STATEMENTS ARE CIRC   | CHAIED       |
|                                   |                         | THER MADE AVAILABLE UPON    |              |
| REQUEST.                          | THE AUDITED REPORT, O   | THER MADE AVAILABLE OF ON   | <u> </u>     |
|                                   |                         |                             |              |
| FORM 990. PART VIT CO             | NTACT ADDRESSES FOR OF  | FICERS, DIRECTORS, ETC:     |              |
|                                   | 25 YEVRESKIA STREET,    |                             |              |
|                                   | MANNER DRIVE, JUPITER,  |                             |              |
| 232212<br>01-04-13                | 34                      | Schedule O (Form 990 or 9   | 990-EZ) (201 |

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. TIKVA CORP Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part I

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 22-3779212

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) ε End-of-year assets e Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II

Section \$12(b)(13) controlled Ŷ entity? Yes Direct controlling entity Public charity status (if section 501(c)(3)) **Exempt Code** section Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization

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

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Schedule R (Form 990) 2012

232161 12-10-12 LHA

22-3779212 Page 2

Schedule R (Form 990) 2012 TIKVA CORP.

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

| (a) Name, address, and EIN of related organization | (b)<br>Primary activity   | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |                               | Share of total income                     | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? Yes No | (i) Code V.UBI amount in box 20 of Schedule K 1 (Form 1065) | General or<br>managing<br>lle<br>partner? | (i) (k) General or Percentage managing ownership partner? Yes No |
|--|---|---|-------------------------------|---|-------------------------------|---|--|--|---|---|--|
| LLC (FKA ECKO 22-3756815 AE                        | APPAREL   | NY  | N/A                           | N/A   |                               |   |  | ×  | N/A   | ×   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
| n of Related Organicated as a corp                 | Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | as a Corp                                     | oration or Trust (Co<br>year) | omplete if the c  | organization ans              | swered "Yes" t                            | :o Form 990,                             | Part IV, line 3                          | 4 because it ha   | a one or m                                | ore related  |
| (a) Name, address, and EIN of related organization | 7   | Prim  | (b) Primary activity          | (C) Legal domicile Di (state or foreign country)                                      | (d) Direct controlling entity | Type of entity (C corp, S corp, or trust) |  | (f)<br>Share of total<br>income          | (9)<br>Share of<br>end-of-year<br>assets                    | (n)<br>Percentage<br>ownership            | Section 512(b)(13) controlled entity?                            |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               | <u> </u>  |                               |   |  |  |   |   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               |   |                               |   |  |  |   |   |  |
|  |   |   |                               | 37  |                               |   |  |  | Scher   | tule R (For                               | Schedule R (Form 990) 2012                                       |

Page 3

Yes No

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

|   |                              |                            |   | ŕ      | V 22.    | ٤ ا  |
|---|------------------------------|----------------------------|---|--------|----------|------|
| Note: Complete line 1 if any entity is listed in Parts II, III, of IV of this scribedule  | of Cacon and Cacon Harris of | botal accitations potal    |   | L      | _        | 2    |
| L During the tax year, and the organization engage in any or the following transactions with orle or into related organizations issed in Farts into a |                              | nated organizations iisted | וון רמונט וויוע ו                         |        | <u> </u> | I۶   |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                              |                            |   | e<br>P | 7        | ∢ :  |
| b Gift, grant, or capital contribution to related organization(s)   |                              |                            |   | 1p     | _        | se l |
| c Gift, grant, or capital contribution from related organization(s)   |                              |                            |   | 5      | ×        |      |
|   |                              |                            |   | ÷      |          | ×    |
| d Loans of loan guarantees to of for related organization(s)  |                              |                            |   | 1      | <u>'</u> | ! l  |
| <ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>   |                              |                            |   | e<br>q | 4        |      |
|   |                              |                            |   |        |          |      |
| f Dividends from related organization(s)  |                              |                            |   | 1      | _        | ×    |
| a Sale of assets to related organization(s)   |                              |                            |   | 19     |          | ы    |
|   |                              |                            |   | ÷      |          | bd   |
|   |                              |                            |   |        | 1        | ıls  |
| <ul> <li>Exchange of assets with related organization(s)</li> </ul>   |                              |                            |   | -      | 7        | ا ہ  |
| j Lease of facilities, equipment, or other assets to related organization(s)  |                              |                            |   | =      | 7        | ابح  |
| k Lease of facilities, equipment, or other assets from related organization(s)  |                              |                            |   | ¥      |          | ×    |
| I Performance of services or membership or fundraising solicitations for related organization(s)  | anization(s)                 |                            |   | =      | _        | 5đ   |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | anization(s)                 |                            |   | 1m     | _        | ьd   |
| n Sharno of facilities equipment mailing lists, or other assets with related organization(s)  | tion(s)                      |                            |   | £      |          | Ы    |
|   |                              |                            |   | ۶      |          | bd   |
| o Shailing of paid eniployees with related organization(s)  |                              |                            |   | 2      | +        | ıl.  |
| b Reimbursement baild to related organization(s) for expenses   |                              |                            |   | 5      |          | ×    |
|   |                              |                            |   | P      |          | Խ    |
|   |                              |                            |   | 7      | +        | ı I  |
| r Other transfer of cash or property to related organization(s)   |                              |                            |   | +      |          | ×    |
|   |                              |                            |   | \$     |          | 54   |
|   | who must complete the        | is line, including covered | relationships and transaction thresholds. |        |          |      |
| l   | (b)                          | (c)                        | (b)                                       | 70     |          |      |
| Name of Other Organization  | type (a·s)                   | Amount involved            | Method of determining annount involved    |        |          |      |
| (1) MEE APPAREL, LLC (FKA ECKO COMPLEX LLC)   | Э                            | 1,873,405.                 | 1,873,405. MARKET VALUE RECEIVED          |        |          |      |
| (2)   |                              |                            |   |        |          |      |
| (3)   |                              |                            |   |        |          | 1    |
| (4)   |                              |                            |   |        |          | 1    |
| (5)   |                              |                            |   |        |          |      |
| (9)   |                              |                            |   |        |          |      |
| 232163 12-10-12   | 38                           |                            | Schedule R (Form 990) 201                 | (Form  | 990) 20  | ΙË   |

Schedule R (Form 990) 2012 TIKVA CORP.

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

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

| (p) (c) (q) (e)                  | (p)              | (၁)                                 | (P)   | (e)                 |                | (6)                  | ε                                    | (9)   | 8                                 | (¥)                        |
|----------------------------------|------------------|-------------------------------------|---|---------------------|----------------|----------------------|--------------------------------------|---|-----------------------------------|----------------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile<br>(state or foreign | Predominant income parties ser (related, unrelated, 501(c)(3) | 501(c)(3)<br>ords ? | Share of total | Share of end-of-year | Dispropor<br>tionate<br>allocations? | amount in box 20 menaging ownership of Schedille K-1 partner? | Seneral o<br>managing<br>partner? | Percentage<br>ownership    |
|                                  |                  | country)                            | under section 512-514)  | (es No              | ıncome         | assets               | Yes No                               | (Form 1065)   | Yes No                            |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     | , .   | ·                   |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   | +                   |                |                      | +                                    |   | +                                 |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   | _                          |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   | +                   |                |                      | +                                    |   | +                                 |                            |
|                                  |                  |                                     |   |                     |                |                      | _                                    |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   | -                                 |                            |
|                                  |                  |                                     | •   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      | _                                    |   |                                   |                            |
|                                  |                  |                                     | . •   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   | L                   |                |                      |                                      |   | _                                 |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      | _                                    |   |                                   |                            |
|                                  |                  |                                     |   |                     |                |                      |                                      | Schedule  | R (For                            | Schedule R (Form 990) 2012 |
|                                  |                  |                                     |   |                     |                |                      |                                      |   | ,                                 |                            |

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# Richard P Thrush 19215 Stableford Lane Cornelius NC 28031

Phone: (704) 756-2033 Email: rpthrush@gmail.com

Tikva Corporation Board of Trustees Attn: Ed Frankel, Chairman 8 Henderson Drive West Caldwell NJ 07006

October 23, 2012

Re: Richard P. Thrush Resignation as Tikva Trustee and Treasurer

Dear Ed,

This letter will serve as official notification that, as of the date of this letter, I resign from my positions as a Trustee and Treasurer of Tikva Corporation

I feel privileged to have had the opportunity to serve in these positions for over ten years. To have been a part of this organization's growth and all the good work that it does in saving children's lives has been an honor.

As you know, I retired from actively working over two years ago but agreed to stay on at Tikva for a period of time. I believe the organization is in very capable hands and this is the right time for me too end my relationship.

To the overall organization and especially to the fine people I have been associated with I wish continued success and good luck in all your future endeavors

Sincerely,

Richard P. Thrush

CC: Refael Kruskal Andy Stamelman Seth Gerszberg Lori Donza

# Supplemental Information

TIKVA CORP

Form 990 , Part III Organization's Primary Exempt Purpose

Statement 3

Tikva Corporation (the "Corporation"), a not-for-profit corporation, was incorporated in the State of New Jersey on December 28, 2000 under the name of Odessa Orphanage Corp. The Corporation changed its name to Tikva Corporation via an amendment to its corporate charter on September 17, 2001. The Corporation's mission in 2002 was to provide funding to the Ohr Desa Project ("Ohr Desa"), which is carried out in the city of Odessa in the Ukraine. Ohr Desa is responsible for providing the following programs/services:

- 1. Oxphanage for Jewish children serving children up to seventeen years old.
- 2. Schools for Jewish children which consist of kindergarten smough high school.
- 3. Adult education program which provides night classes for Jewish persons.
- 4. Meals for ciderly Jewish persons program which provides hot meals at the homes of these persons.
- 5. Synagogue for those of the Jewish faith to seek spiritual support



Form 990 , Part III Organization's Primary Exempt Purpose

Statement 3

The Orphanage is for the benefit of certain Jewish children in the Ukraine. Jewish children who are orphans or members of a "socially needy family" are eligible to be taken in by the Orphanage. The determination as to whether a child is from a "socially needy family" is based upon the same criteria used by Ukrainian state orphanages, i.e. the child is abused or comes from a family in need of help because they have no food. The Orphanage does not charge any fee for the services provided. No one who has been determined to be eligible for placement in the Orphanage has been turned away and we hope to be able to continue this depending on funds available. The Orphanage is staffed by a combination of volunteers and paid staff members such as counselors, nurses, licensed doctors, and arts and craft instructors (a listing of paid employees, their positions, and education is attached as Exhibit 1). Salaries paid to staff members do not exceed what is a reasonable amount for the services provided.

The operation of the Orphanage helps Tikva to achieve one of its stated purposes, which is to perform charitable activities. This is because the Orphanage: (i) provides basic and fundamental care to children in need such as (A) food to prevent the children from becoming malnourished, and (B) shelter, medical care and clothing to enable the children to survive on a daily basis; and (ii) relocates children, once they obtain the age of 16, to Israel, where they would have greater opportunities to enjoy happy and productive lives.

Schools Tikva has now also assumed the operation of schools (the "Schools") in Odessa, Ukraine. Approximately 40% of Tikva's time will be devoted to the operation of the Schools. As indicated in the Form 1023, previously the Schools were operated by Ohr Somayach.

Pursuant to the Agreement the operation of the Schools have been transferred from Ohr Somayach to Tikva. Under the terms of the Agreement Ohr Somayach has agreed to lease, without charge, to Tikva a kindergarten facility (which contains playrooms, sleeping rooms and a kitchen and is located at 21 Mesayedevskaya, Odessa, Ukraine), a boy's high school (which contains classrooms, a gym, and a kitchen and is located at 5 Marini Raskovyo Drive, Odessa, Ukraine) and a girl's high school (which contains classrooms, a gym, and a kitchen and is located at 22 Tragova Street, Odessa, Ukraine) for a term of 99

Form 990 , Part III
Organization's Primary Exempt Purpose

Statement 3

years. Further Ohr Somayach has agreed to assign its rights to a lease of an elementary school (which contains classrooms, a gym, and a kitchen and is located at 53 Parkovyo Street, Odessa, Ukraine) to Tikva. This lease, which is an oral lease, is with an entity unrelated to Tikva and its terms are at fair market value.

The Schools are for the benefit of educating Jewish children in general in the Ukraine, including but not limited to, Jewish orphaned children. No one eligible to attend the school who wants to attend has been turned down and we hope to be able to continue this depending on funds available. No fees are charged by the Schools for the privilege of attending the Schools or for any other reason. The Schools are staffed by a combination of volunteers and paid staff members such as headmasters, licensed teachers, administrators, nurses, and assistants (a listing of paid employees, their positions, and education is attached as Exhibit 2). Salaries paid to staff members do not exceed what is a reasonable amount for the services provided. The curriculum of the Schools, as discussed below, has been created based upon standards acceptable to various governmental agencies.

The operation of the Schools helps Tikva to achieve three of its stated purposes, which is to perform educational, charitable and religious activities. This is because the Schools provide a curriculum on a free basis to children designed to provide both a strong education in the basic subjects (i.e. classes in math, the sciences, art, language (including Hebrew), and history) and a spiritual education (i.e. classes discussing the cultural and religious heritage of the Jewish people). The curriculum was created and based upon standards of the Ukrainian Ministry of Education, the Israeli Ministry of Education, and Ohr Somayach and Tikva representatives.

Ancillary Programs Tikva has now also assumed the operation of an adult education program, a meals for elderly persons program, a Synagogue (which is located at 25 Evraiskaya, Odessa, Ukraine), a newspaper, and a television program (collectively the "Ancillary Programs") in Odessa, Ukraine. Approximately 2% of Tikva's time will be devoted to the operation of each of the Ancillary Programs, and thus approximately 10% in total of Tikva's time will be devoted to the operation of the Ancillary Programs. As indicated in the Form 1023, previously the Ancillary Programs were operated by Ohr Somayach.

Pursuant to the Agreement the operation of the Ancillary Programs has been transferred from Ohr Somayach to Tikva. (Ohr Somayach will not transfer any assets to Tikva with respect to the Ancillary Programs. Instead, Tikva will enter

Form 990 , Part III Organization's Primary Exempt Purpose

Statement 3

into informal oral agreements to use those assets and persons needed to conduc the Ancillary Programs.)

The Ancillary Programs are for the benefit of people of the Jewish faith in the Ukraine. No fees are charged for any of the Ancillary Programs. The Ancillary Programs are staffed by a combination of volunteers and paid staff members such as rabbis, licensed teachers, technicians, drivers and reporters. Salaries paid to staff members do not exceed what is a reasonable amount for the service provided.

The operation of the Ancillary Programs helps Tikva to achieve three of its state purposes, which is to perform educational, charitable and religious activities. This is because the adult education program enables young adults to further thei education by taking classes which will help them pursue a career. The meals fo the elderly persons program provides hot meals throughout the week to need elderly persons. The Synagogue provides a place of worship and reflection for all those people who are interested in seeking spiritual balance in their lives. The newspaper provides information newsworthy to those persons interested in the Jewish community. The television programs, which appear on two channels provide community news, news about Israel, and information about Jewish religious traditions.

Financial Statements

December 31, 2012

# <u>Index</u>

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| Independent Auditor's Report                                    | 1    |
| Statements of Assets, Liabilities and Unrestricted Net Assets - |      |
| Modified Cash Basis as of December 31, 2012 and 2011            | 2    |
| Statements of Revenue and Expenses - Modified Cash Basis        |      |
| for the Years Ended December 31, 2012 and 2011                  | 3    |
| Statements of Cash Flows - Modified Cash Basis for the          |      |
| Years Ended December 31, 2012 and 2011                          | 4    |
| Notes to Financial Statements                                   | 5-10 |

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Tikva Corporation

We have audited the accompanying financial statements of Tikva Corporation (a not-for-profit corporation), which comprise the statements of assets, liabilities and unrestricted net assets - modified cash basis as of December 31, 2012 and 2011, and the related statements of revenue and expenses - modified cash basis and cash flows - modified cash basis for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Out responsibly is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluation the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

As described in Note 2, these financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and unrestricted net assets - modified cash basis of Tikva Corporation (a not-for-profit corporation) as of December 31, 2012 and 2011, its revenue and expenses - modified cash basis and its cash flows - modified cash basis for the years then ended, on the basis of accounting described in Note 2.

(date)

Statements of Assets, Liabilities and Unrestricted Net Assets - Modified Cash Basis Monday, December 31, 2012 and 2011

| <u>ASSETS</u>                                 |              |              |
|---|--------------|--------------|
|   | 2012         | 2011         |
| Current assets: Cash and cash equivalents     | \$ 106,525   | \$ 104,754   |
| Property and equipment, net (Notes 4 and 5)   | 6,920,422    | 7,134,794    |
| Total assets                                  | \$ 7,026,947 | \$ 7,239,548 |
| LIABILITIES AND UNRESTRICTED NET              | ASSETS       |              |
| Current liabilities:                          |              |              |
| Loans payable (Note 6)                        | \$ 200,000   | \$ 400,000   |
| Loans payable - related party (Note 5)        | 100,000      | <u>.</u>     |
|   | 300,000      | 400,000      |
| Long-term liabilities:                        |              |              |
| Loans payable (Note 6)                        | 3,500,000    | 3,500,000    |
| Loans payable - related parties (Note 5)      | 1,623,405    | 1,500,000    |
|   | 5,123,405    | 5,000,000    |
| Total liabilities                             | 5,423,405    | 5,400,000    |
| Unrestricted net assets                       | 1,603,542    | 1,839,548    |
| Total liabilities and unrestricted net assets | \$ 7,026,947 | \$ 7,239,548 |

Statements of Revenue and Expenses - Modified Cash Basis For the Years Ended Monday, December 31, 2012 and 2011

|  | 2012         | 2011          |
|--|--------------|---------------|
| Unrestricted revenue:                                |              |               |
| Donations received (Notes 3 and 5)                   | \$ 8,517,877 | \$ 10,184,969 |
| Operating expenses (Notes 1 and 7):                  |              |               |
| Program services                                     | 7,121,856    | 6,476,681     |
| Fundraising  | 508,166      | 401,408       |
| Payroll and related taxes                            | 162,418√     | 201,065       |
| Consulting   | 3,479        | 28,551        |
| Travel   | 39,654~      | 7,187         |
| Professional fees                                    | 24,902       | 13,792        |
| Office   | 47,973 ✓     | 22,994        |
| Bank charges   | 34,570       | 22,288        |
| Sundry and other                                     | 17,678       | 3,561_        |
| Total operating expenses                             | 7,960,696    | 7,177,527     |
| Other expenses:                                      |              |               |
| Depreciation   | 215,187      | 332,563       |
| Interest expense (Notes 5 and 6)                     | 578,000      | 578,000       |
| Total other expenses                                 | 793,187      | 910,563       |
| Total operating expenses and other expenses          | 8,753,883    | 8,088,090     |
| Increase (decrease) in unrestricted net assets       | (236,006)    | 2,096,879     |
| Unrestricted net assets (deficit), beginning of year | 1,839,548    | (257,331)     |
| Unrestricted net assets, end of year                 | \$ 1,603,542 | \$ 1,839,548  |

See accompanying notes.

Statements of Cash Flows - Modified Cash Basis For the Years Ended Monday, December 31, 2012 and 2011

|  | 2012      |             |          | 2011      |
|--|-----------|-------------|----------|-----------|
| Cash flows from operating activities:                        |           |             |          |           |
| Increase (decrease) in unrestricted net assets               | \$ (236,  | 006)        | \$ 2     | ,096,879  |
| Adjustments to reconcile increase (decrease) in unrestricted |           |             |          |           |
| net assets to net cash used in operating activities:         |           |             |          |           |
| Depreciation   | 215,      | 187         |          | 332,563   |
| Forgiveness of loans payable - related party                 |           | -           | (2       | ,500,000) |
| Net cash used in operating activities                        | (20,      | 819)        |          | (70,558)  |
| Cash used in investing activities:                           |           |             |          |           |
| Purchase of property and equipment                           | (         | 815)        |          | (1,460)   |
| Cash flows from financing activities:                        |           |             |          |           |
| Repayment of loan payable                                    | (200,     | 000)        |          | (200,000) |
| Proceeds from loans payable                                  | 223,      |             | ,        | 350,000   |
| Net cash provided by financing activities                    |           | 405         |          | 150,000   |
|  |           | <del></del> |          |           |
| Net increase in cash and cash equivalents                    | 1,        | 771         |          | 77,982    |
| Cal and each equivalents beginning aftern                    | 104,      | 751         |          | 26,772    |
| Cash and cash equivalents, beginning of year                 |           | 734         | <u> </u> | 20,772    |
| Cash and cash equivalents, end of year                       | \$ 106,   | 525         | \$       | 104,754   |
|  |           |             |          |           |
| Supplemental Disclosure of Cash Flow In                      | formation |             |          |           |
| Cash paid during the year for:                               |           |             |          |           |
| Interest   | \$ 578,   | 000         | \$       | 578,000   |

See accompanying notes.

Notes to Financial Statements

#### Note 1 - Organization and Business

Tikva Corporation (the "Corporation"), a not-for-profit corporation, was incorporated in the State of New Jersey on December 28, 2000 under the name of Odessa Orphanage Corp. The Corporation changed its name to Tikva Corporation via an amendment to its corporate charter on September 17, 2001. On May 27, 2003, the Corporation received notice from the Internal Revenue Service that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Corporation also has local exempt status for legal entities incorporated in the Ukraine. The Corporation's mission is to provide vital services to the Jewish children and the entire Jewish community of Odessa, Ukraine. The Corporation is responsible for providing the following programs/services:

- 1. Home and medical care for abandoned, orphaned and abused Jewish children up to approximately sixteen years old.
- 2. Education for children, which consists of kindergarten through university accredited programs, including after-school care and special needs assistance.
- 3. Adult education program, which provides university classes and cultural activities.
- 4. Daily meals and homecare for elderly Jewish people.
- 5. Synagogue for those of the Jewish faith to seek spiritual support.
- 6. Financial support, educational and supportive counseling for children older than sixteen years old, when relocating to Israel.

Effective March 11, 2002, the Corporation entered into an agreement (the "2002 Agreement") with Ohr Somayach (a non-profit organization existing under the laws of the State of Israel), which founded, operated and managed certain of the Corporation's programs. Pursuant to the 2002 Agreement, the operation and management of the programs was fully transferred from Ohr Somayach to the Corporation. As a result, (i) all tangible and intangible personal property owned by Ohr Somayach and used solely in connection with the programs was transferred to the Corporation, (ii) all real property owned by Ohr Somayach and used solely in connection with the programs was leased to the Corporation for a term of ninety-nine years without rent, and (iii) all leases to which Ohr Somayach is a party to as lessee and solely concerning the programs were assigned to the Corporation. In 2009, Ohr Somayach donated to the Corporation three of the buildings that were being leased pursuant to the 2002 Agreement for a term of ninety-nine years without rent. No value was assigned to the donated buildings because of the rent-free lease provisions contained in the 2002 Agreement.

Notes to Financial Statements

#### Note 1 - Organization and Business (Continued)

In June 2009, the Board resolved that as of January 1, 2010 Tikva Israel and Tikva World Centre, legal entities incorporated in Israel, will be self-governing and self-sufficient financially.

For the years ended December 31, 2012 and 2011, the Board did agree to provide agreed-upon financial support to these entities of approximately \$185,000 and \$182,000, respectively. The approximate functional allocation was fundraising of \$93,000 and \$129,000, and community of \$92,000 and \$53,000 for the years ended December 31, 2012 and 2011, respectively (see Note 7).

## Note 2 - Summary of Significant Accounting Policies

### **Basis of Accounting**

The Corporation keeps its books and files tax returns on the modified cash basis of accounting. This basis records income when received and expenses when paid, capitalizes fixed asset additions and records debt obligations. If the accrual method were used, income would be recognized when unconditional pledges were made and expenses recorded when they were incurred.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### **Property and Equipment**

Purchased property and equipment is recorded at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Depreciation is provided by the straight-line method over the estimated useful lives of the assets of three to forty years. Leasehold improvements are amortized over the lesser of the lease terms or the assets' useful lives. Upon sale or retirement of property and equipment, the related cost and accumulated depreciation are removed from the accounts and any gain or loss is reflected in operations.

Notes to Financial Statements

## Note 2 - Summary of Significant Accounting Policies (Continued)

### Cash Equivalents

The Corporation considers highly liquid investments with original maturities of three months or less to be cash equivalents.

## Note 3 - Unrestricted Revenue

Unrestricted revenue is received from individuals, businesses, foundations, a government agency and other charitable organizations. The Corporation commenced fundraising in 2001. In addition, substantially all the revenue received has ultimately been used for the services provided in Odessa, Ukraine.

### Note 4 - Property and Equipment

At December 31, property and equipment consists of:

|                                    | 2012                | 2011                |
|------------------------------------|---------------------|---------------------|
| Buildings                          | \$ 8,104,996        | \$ 8,104,996        |
| Leasehold improvements             | 1,181,662           | 1,181,662           |
| Furniture and fixtures             | 5,405               | 5,405               |
| Computer software                  | 30,805              | <u> 29,990</u>      |
| -                                  | 9,322,868           | 9,322,053           |
| Less: Accumulated depreciation and |                     |                     |
| amortization                       | <u>2,402,446</u>    | <u>2,187,259</u>    |
|                                    | <u>\$ 6,920,422</u> | <u>\$ 7,134,794</u> |

At December 31, 2012, approximately \$6,916,000 of net property and equipment is located in the Ukraine.

# Note 5 - Related Party Transactions

For the years ended December 31, 2012 and 2011, approximately \$1,847,000 and \$4,252,000, respectively, of donations came from trustees, officers and related parties of the Corporation.

Notes to Financial Statements

#### Note 5 - Related Party Transactions (Continued)

In August 2008, a trustee of the Corporation established a \$2,500,000 credit facility with a foreign lending institution, which will be used for the benefit of the Corporation in the Ukraine. The credit facility expires in August 2013 and is collateralized by some of the buildings located in Odessa, Ukraine. Interest charged is 13.7% per annum and payable monthly. At December 31, 2012 and 2011, the outstanding balance is \$1,000,000. For each of the years ended December 31, 2012 and 2011, interest expense of \$137,000 has been paid.

In June 2010, a trustee advanced the Corporation \$500,000, which is due upon the sale or refinancing of any real property owned or controlled by the Corporation. Interest charged is 7% per annum and payable monthly. The proceeds of the note were used to pay down an outstanding loan with a foreign financial institution (see Note 6). For the years ended December 31, 2012 and 2011, interest expense of \$36,000 has been paid.

In August 2011, the Corporation borrowed \$350,000 from a related party. The loan was a personal, non-interest bearing loan with no definite terms. At December 31, 2012 and 2011, the loan balance was \$223,406 and \$350,000, respectively.

In September 2012, the Corporation borrowed \$500,000 from a related party. The loan was a personal, non-interest bearing loan with no definite terms. At December 31, 2012, the loan balance was \$100,000.

### Note 6 - Loans Payable

On February 14, 2007, the Corporation borrowed \$2,000,000 from a foreign lending institution for the construction and improvements to the facilities in Odessa, Ukraine. Interest charged is 11% per annum and payable monthly For the years ended December 31, 2012 and 2011, interest expense of \$165,000 has been paid. In July 2010, the Corporation made an early repayment of principal of \$500,000. In July 2012, the loan payment was extended and is now payable in full on July 27, 2015.

On March 17, 2007, the Corporation borrowed \$2,000,000 from a foreign lending institution for the construction of and improvements to the facilities in Odessa, Ukraine. Interest charged is 12% per annum and payable monthly. For each of the years ended December 31, 2012 and 2011, interest expense of \$240,000 has been paid. In July 2012, the loan was extended and is now payable in full on July 20, 2015.

During 2009, the Corporation borrowed \$50,000 from an unrelated third party, which remains unpaid. The loan does not contain repayment terms or require interest payments.

Notes to Financial Statements

# Note 7 - Operating Expenses by Functional Classification

The following is a summary of operating expenses by functional classification for the years ended December 31, 2012 and 2011:

|   | 2012  |   |                    |  |
|---|---|---|--------------------|--|
|   | Program   | Management  |                    |  |
|   | Services  | and General   | <u>Fundraising</u> | <u>Total</u>   |
| Children's homes  | \$ 2,898,600  | \$ -  | \$ -               | \$ 2,898,600   |
| School  | 2,967,280   | -   | -                  | 2,967,280  |
| Community   | 505,519   | -   | -                  | 505,519  |
| Humanitarian  | 229,312   | -   | -                  | 229,312  |
| Fundraising   | 521,145   | -   | 508,166            | 1,029,311  |
| Payroll and related taxes   | -   | 162,418   | -                  | 162,418  |
| Consulting  | -   | 3,479   | -                  | 3,479  |
| Travel  | -   | 39,654  | -                  | 39,654   |
| Professional fees   | -   | 24,902  | -                  | 24,902   |
| Office  | -   | 47,973  | -                  | 47,973   |
| Bank charges  | -   | 34,570  | -                  | 34,570   |
| Sundry and other  | -   | 17,678  | <u>-</u>           | 17,678   |
| Total operating expenses  | <u>\$ 7,121,856</u>   | <u>\$ 330,674</u>   | \$ 508,166         | <u>\$ 7,960,696</u>  |
|   |   |   |                    |  |
|   |   | 20  | 11                 |  |
|   | Program   | 20<br>Management  | 11                 |  |
|   | Program<br>Services   |   | 11<br>Fundraising  | Total  |
| Children's homes  | _   | Management  | , .                | \$ 2,589,633   |
| Children's homes<br>School  | Services  | Management and General  | Fundraising        | \$ 2,589,633<br>2,709,920  |
| School<br>Community   | <u>Services</u><br>\$ 2,589,633                             | Management and General  | Fundraising        | \$ 2,589,633   |
| School  | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management and General  | Fundraising        | \$ 2,589,633<br>2,709,920  |
| School<br>Community<br>Humanitarian<br>Fundraising  | Services<br>\$ 2,589,633<br>2,709,920<br>422,306            | Management and General  | Fundraising        | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107   |
| School Community Humanitarian Fundraising Payroll and related taxes   | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management and General  \$ 201,065  | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065  |
| School<br>Community<br>Humanitarian<br>Fundraising  | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management and General  \$ 201,065 28,551   | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551  |
| School Community Humanitarian Fundraising Payroll and related taxes Consulting Travel                                       | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management and General  \$ 201,065  | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551<br>7,187                               |
| School Community Humanitarian Fundraising Payroll and related taxes Consulting Travel Professional fees                     | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management and General  \$ 201,065 28,551   | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551<br>7,187<br>13,792                     |
| School Community Humanitarian Fundraising Payroll and related taxes Consulting Travel Professional fees Office              | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management<br>and General<br>\$ -<br>-<br>-<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994           | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994           |
| School Community Humanitarian Fundraising Payroll and related taxes Consulting Travel Professional fees Office Bank charges | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management<br>and General<br>\$ -<br>-<br>-<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994<br>22,288 | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994<br>22,288 |
| School Community Humanitarian Fundraising Payroll and related taxes Consulting Travel Professional fees Office              | Services<br>\$ 2,589,633<br>2,709,920<br>422,306<br>186,123 | Management<br>and General<br>\$ -<br>-<br>-<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994           | Fundraising \$     | \$ 2,589,633<br>2,709,920<br>422,306<br>186,123<br>970,107<br>201,065<br>28,551<br>7,187<br>13,792<br>22,994           |

Notes to Financial Statements

| Note 8 - Subseq | uent Events |
|-----------------|-------------|
|-----------------|-------------|

The Corporation has evaluated subsequent events through \_\_\_\_\_\_, which is the date the financial statements were available to be issued, and has concluded that no events or transactions took place which would require disclosure herein.

## Form **8868**

(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a congrate application for each return

OMB No 1545-1709

| Internal Re                 | venue Service                       | ► File a sepa                                     | rate appl   | ication for each return.                |               | <u> </u>                |              |
|-----------------------------|-------------------------------------|---|-------------|---|---------------|-------------------------|--------------|
| • If you                    | are filing for an Auto              | omatic 3-Month Extension, complet                 | te only Pa  | rt I and check this box                 | -             | <b>•</b>                | X            |
| • If you                    | are filing for an Add               | litional (Not Automatic) 3-Month Ex               | tension, c  | complete only Part II (on page 2 of t   | this form).   |                         |              |
| Do not o                    | complete Part II unie               | SS you have already been granted a                | an automa   | itic 3-month extension on a previous    | ly filed For  | rm 8868                 |              |
| Electron                    | nic filing <sub>(e-file)</sub> . Yo | u can electronically file Form 8868 if y          | ou need a   | a 3-month automatic extension of tin    | ne to file (6 | months for a corpo      | oration      |
| required                    | to file Form 990-T),                | or an additional (not automatic) 3-mor            | nth extens  | sion of time. You can electronically fi | le Form 88    | 368 to request an e     | xtension     |
| of time t                   | o file any of the forn              | ns listed in Part I or Part II with the exc       | ception of  | Form 8870, Information Return for 1     | ransfers A    | Associated With Ce      | rtaın        |
| Persona                     | I Benefit Contracts,                | which must be sent to the IRS in pap              | er format   | (see instructions). For more details o  | n the elec    | tronic filing of this f | om,          |
| visit ww                    | w.irs gov/efile and c               | lick on e-file for Chanties & Nonprofits          |             |   |               |                         |              |
| Part I                      | Automatic                           | c 3-Month Extension of Time                       | Only s      | submit original (no copies nee          | eded).        |                         |              |
| A corpo                     | ration required to file             | Form 990-T and requesting an auton                | natic 6-mc  | onth extension - check this box and     | complete      |                         |              |
| Part I or                   |                                     |   |             |   |               | <b>&gt;</b>             | . 🔲          |
|                             |                                     | ding 1120-C filers), partnerships, REM            | ICs, and to | rusts must use Form 7004 to reques      | t an exten    | sion of time            |              |
|                             | come tax returns.                   | •   |             |   |               |                         |              |
| Type or                     | Name of exemp                       | t organization or other filer, see instru         | ctions      |   | Employer      | identification numb     | per (EIN) or |
| print                       |                                     | •   |             |   |               |                         |              |
|                             | TIKVA CO                            | RP.   |             |   |               | 22-377921               | L 2          |
| File by the<br>due date for |                                     | and room or suite no. If a P.O. box, se           | ee instruc  | tions.                                  | Social sec    | curity number (SSN      | 1)           |
| filing your                 | 501 10TH                            | AVENUE, 7TH FLOOR                                 |             |   |               | ,                       |              |
| return See<br>instruction   |                                     | est office, state, and ZIP code. For a fo         | oreign add  | lress, see instructions.                |               |                         |              |
|                             |                                     |   |             |   |               |                         |              |
| Enter th                    | e Retum code for th                 | e return that this application is for (file       | e a separa  | te application for each return)         |               |                         | 0 1          |
| Applica                     | tion                                |   | Return      | Application                             |               | _                       | Return       |
| Is For                      |                                     |   | Code        | Is For                                  |               |                         | Code         |
|                             | 90 or Form 990-EZ                   |   | 01          | Form 990-T (corporation)                |               |                         | 07           |
| Form 99                     |                                     |   | 02          | Form 1041-A                             |               |                         | 08           |
|                             | 720 (individual)                    |   | 03          | Form 4720                               |               |                         | 09           |
| Form 99                     |                                     |   | 04          | Form 5227                               |               |                         | 10           |
|                             | 90-T (sec 401(a) or 4               | 108(a) trust)                                     | 05          | Form 6069                               |               |                         | 11           |
|                             | 90-T (trust other than              |   | 06          | Form 8870                               | -             |                         | 12           |
|                             |                                     | SETH GERSZBERG                                    |             |   |               |                         |              |
| • The l                     | books are in the car                | e of ▶ 475 10TH AVENU                             | E, 9T       | H FLOOR - NEW YORK                      | , NY          | 10018                   |              |
| Teler                       | ohone No. ► 917                     | /-262 <del>-1159</del>                            |             | FAX No ▶                                |               |                         |              |
|                             |                                     | not have an office or place of business           | s in the Ur | nited States, check this box            | -             |                         | . 🗀          |
| • If this                   | s is for a Group Retu               | irn, enter the organization's four digit          | Group Exe   | emption Number (GEN)                    | If this is fo | r the whole group, o    | check this   |
| box 🕨                       | If it is for par                    | t of the group, check this box                    | and atta    | ach a list with the names and EINs o    | f all memb    | ers the extension is    | s for        |
|                             | request an automati                 | c 3-month (6 months for a corporation             | required    | to file Form 990-T) extension of time   | until         |                         |              |
| _                           | AUGUST 15                           | <del>,                                     </del> | t organiza  | ition return for the organization nam   | ed above.     | The extension           |              |
|                             | for the organization                |   |             |   |               |                         |              |
| •                           | ► X calendar year                   |   |             |   |               |                         |              |
|                             | tax year begıl                      | nning   | , ar        | nd ending                               |               | _                       |              |
|                             |                                     |   |             |   |               |                         |              |
| 2 lf                        | the tax year entered                | d in line 1 is for less than 12 months, o         | heck reas   | son                                     | Final retur   | n                       |              |
| l                           | l Change in acco                    | ounting period                                    |             |   |               |                         |              |
|                             |                                     |   |             |   |               |                         |              |
| 3a If                       | this application is fo              | or Form 990-BL, 990-PF, 990-T, 4720,              | or 6069, e  | enter the tentative tax, less any       | 1             | 1                       | _            |
| i.                          | onrefundable credit                 | s. See instructions.                              |             |   | 3a            | \$                      | 0.           |
| b if                        | this application is fo              | or Form 990-PF, 990-T, 4720, or 6069,             | enter any   | refundable credits and                  |               |                         | _            |
| e                           | stimated tax payme                  | nts made. Include any prior year over             | payment a   | allowed as a credit.                    | 3b            | \$                      | <u> </u>     |
| c B                         | alance due. Subtra                  | ct line 3b from line 3a. Include your pa          | ayment wi   | th this form, if required,              |               |                         | _            |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions

Form 8868 (Rev 1-2013)

223841 01-21-13

| Form 8868 (Rev. 1-2013)  |                  |   |              |                        | Page 2              |
|--|------------------|---|--------------|------------------------|---------------------|
| If you are filing for an Additional (Not Automatic) 3-Month  | Extension.       | complete only Part II and check this    | box          |                        | ▶ X                 |
| Note. Only complete Part II if you have already been granted   |                  |   |              | 8868.                  |                     |
| If you are filing for an Automatic 3-Month Extension, com  |                  |   |              |                        |                     |
| Part II Additional (Not Automatic) 3-Monti   |                  |   | al (no co    | ppies need             | ded).               |
|  |                  |   |              |                        | see instructions    |
| Type or Name of exempt organization or other filer, see in   | etructions       | Entermero                               |              |                        | n number (EIN) or   |
|  | 31100110113      |   | Linploye     | ido i i i i i da i i d | in nambor (Elity of |
| print File by the TIKVA CORP.  |                  |   |              | 22-37                  | 79212               |
| File by the due date for Number, street, and room or suite no. If a P O bo   | v coo instruc    | tions                                   | Social co    | curity number          |                     |
| filing your EO1 10mb average One EIOOF   | •                | tions.                                  | Social Se    | curity riumbi          | EI (0014)           |
| return See instructions City, town or post office, state, and ZIP code. For  |                  | trace coa inetrijetions                 |              |                        |                     |
| NEW YORK, NY 10018   | a loreign auc    | ness, see instructions.                 |              |                        |                     |
|  |                  |   |              |                        | <del></del>         |
|  | . #1             |   |              |                        | 01                  |
| Enter the Return code for the return that this application is for  | r (file a separa | te application for each return)         |              |                        |                     |
|  | <u> </u>         | Ta ture.                                |              |                        | 1 5-4               |
| Application  | Return           | Application                             |              |                        | Return              |
| ls For   | Code             | Is For                                  |              |                        | Code                |
| Form 990 or Form 990-EZ  | 01               | 5 1011.1                                |              |                        |                     |
| Form 990-BL  | 02               | Form 1041-A                             |              |                        | 08                  |
| Form 4720 (individual)   | 03_              | Form 4720                               |              |                        | 09                  |
| Form 990-PF  | 04               | Form 5227                               |              |                        | 10                  |
| Form 990-T (sec 401(a) or 408(a) trust)  | 05_              | Form 6069                               |              |                        | 11                  |
| Form 990-T (trust other than above)  | 06               | Form 8870                               |              | 15 000                 | 12                  |
| STOP! Do not complete Part II if you were not already gran   |                  | natic 3-month extension on a prev       | lously file  | ea Form 886            | 8.                  |
|  |                  | U ELOOD NEW YORK                        | NTV          | 10010                  |                     |
| • The books are in the care of • 475 10TH AVE  | NUE, 91          |   | , 141        | 10010                  |                     |
| Telephone No. ▶ 917-262-1159   |                  | FAX No.                                 |              |                        | <b>.</b> $\Box$     |
| If the organization does not have an office or place of business.  |                  |   |              |                        | <b>P</b> —          |
| If this is for a Group Return, enter the organization's four d   |                  |   |              |                        |                     |
| box ▶ . If it is for part of the group, check this box ▶   |                  | ach a list with the names and EINs of   | all memb     | ers the exte           | nsion is for.       |
| 4 I request an additional 3-month extension of time until  |                  | BER 15, 2013                            |              |                        |                     |
| 5 For calendar year $2012$ , or other tax year beginning   |                  | , and endin                             |              |                        | <del></del>         |
| 6 If the tax year entered in line 5 is for less than 12 month  | is, check reas   | son. L Initial return L                 | Final r      | etum                   |                     |
| Change in accounting period  |                  |   |              |                        |                     |
| 7 State in detail why you need the extension   | C A MILLER       | D THEODWARTON TO B                      | TT 13 A      | COMPT                  | EME AND             |
| ADDITIONAL TIME IS NEEDED TO   | GATHE            | R INFORMATION TO F                      | TPP W        | COMPL                  | ELE WIND            |
| ACCURATE RETURN  |                  |   |              |                        | -                   |
|  |                  |   |              |                        |                     |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 47   | 20, or 6069, e   | enter the tentative tax, less any       |              | ١.                     | 0                   |
| nonrefundable credits. See instructions  |                  |   | 8a           | \$                     | 0.                  |
| b If this application is for Form 990-PF, 990-T, 4720, or 60   |                  |   | i            |                        |                     |
| tax payments made Include any prior year overpayment   | nt allowed as    | a credit and any amount paid            | <u> </u>     |                        | 0                   |
| previously with Form 8868.   |                  |   | 8b           | \$                     | <u> </u>            |
| c Balance due. Subtract line 8b from line 8a. Include you  |                  | th this form, if required, by using     |              |                        | •                   |
| EFTPS (Electronic Federal Tax Payment System) See i  |                  |   | 8c           | \$                     | 0.                  |
| The state of the s |                  | st be completed for Part II             | _            |                        |                     |
| Under penalties of perjury, I declare that I have examined this form, in   | cluding accom    | panying schedules and statements, and t | o the best o | f my knowled           | ge and belief,      |
| it is true, correct, and complete, and that I am authorized to prepare the   |                  | DENT                                    | _            | _                      |                     |
| Signature Title  | ► PRESI          | DEMI.                                   | Date         |                        |                     |
|  |                  |   |              | Form 8                 | 3868 (Rev. 1-2013)  |

01-21-13