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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

Inspection

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

Open to Public

-	<u> </u>		23 12 caronical your, or an your beginning	citaing	7			
E	3 C	heck if oplicable	C Name of organization		D Employer identifi	cation number		
	Γ <del>Υ</del>	Addre	REPORT, INC					
		Name			26-2971061			
	는	_chang		Room/suite				
	는	_lreturn ]Termır	· · · · · · · · · · · · · · · · · · ·	Noomisuite	1 - '			
	<del> </del>	Jated ]Amend	100 SPRINGDALE ROAD, PMD 303			241-1399		
	늗	Jretum ∏Applic	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,246,110.		
		Jtion pendir	CHERRI HILL, NO 00005		H(a) Is this a group re			
			F Name and address of principal officer: JOSH KATZEN		for affiliates?	Yes X No		
-					H(b) Are all affiliates inc			
-			mpt status: X 501(c)(3)	or 52	╡	list. (see instructions)		
			e: ▶ WWW.REPORTORG.ORG		H(c) Group exemption			
			organization: X Corporation	L Year	of formation: 2007	M State of legal domicile: FL		
L	Pa	rt I	Summary					
	စ္ပ		Briefly describe the organization's mission or most significant activities: REPO					
	Governance		ABOUT AND ADVANCE CIVIC RESPONSIBILITY T					
	티		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.		
	١٥		Number of voting members of the governing body (Part VI, line 1a)	•	3	8		
	-ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
<u>CU [2]</u>	ctivities	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0		
	<u>₹</u>		Total number of volunteers (estimate if necessary)		6	0		
≕	뒇	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.		
<b>20</b>	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
Ä					Prior Year	Current Year		
Ž	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		<u>852,476.</u>	1,246,084.		
Ď	릶	9	Program service revenue (Part VIII, line 2g)		0.	0.		
	Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		209.	26.		
	۱ ۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
ž -		12	Total revenue) add lines 8 through 11 (must equal Part VIII, column (A), line 12)		852,685.	1,246,110.		
Ď			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	<u>545,950.</u>	829,789.		
	-		Benefit paid to or for members (Part / 1), column (A), line 4)		0.	0.		
	S	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)		237,264.	355,200.		
	Expenses	16a	Professional fundraising fees (Part IX, Column (A), line 11e)		0.	0.		
	<u>×</u>	b	Total fundraising expenses (Part IX, column (D), line 25) ►	0.				
	<b>س</b>	17	Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24e)		46,997.	35,603.		
		18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		830,211.	1,220,592.		
_		19	Revenue less expenses. Subtract line 18 from line 12		22,474.	25,518.		
Š	Fund Balances			В	eginning of Current Year	End of Year		
į	92	20	Total assets (Part X, line 16)		344,832.	370,682.		
×	뜋	21	Total liabilities (Part X, line 26)		277.	609.		
			Net assets or fund balances. Subtract line 21 from line 20		344,555.	370,073.		
			Signature Block		··· =			
ι	Inde	r pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the best of m	y knowledge and belief, it is		
tı	rue,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge. 📝	14.4		
			M		$\times 3//$	194/5		
S	Sign		Signature of offiger		Date 🖊	1. >		
ŀ	lere	•	JOSH KATZEN, PRESIDENT					
Type or print name and title								
			Print/Type preparer's name Preparer's signature	/	Date Check	X PTIN		
	aid		ELLIOT BRAUNSTEIN	$\Delta$	Day Check C	<del></del>		
		arer	Firm's name BRAUNSTEIN & COMPANY, LLC/	//	Firm's EIN	30-0007439		
U	lse (	Only	Firm's address TWO PENN CENTER, SUITE 8/40					
_			PHILADELPHIA, PA 19102 /		Phone no. 2	15-972-7022		
7	/lay	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
2	3200	1 12-10	1-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)		

Form	990 (2012) REPORT, INC	<u> 26-2971061</u>	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:	OPCDOMOTRII I	mv
	REPORT'S MISSION IS TO EDUCATE ABOUT AND ADVANCE CIVIC I		TI
	THROUGH SYSTEMATIC RESEARCH AND ANALYSIS OF THE ACTIVITY		
	TRANSPARENCY OF GOVERNMENTS AND NON-GOVERNMENTAL ORGANIZ	ZATIONS, THE	IR
	FUNDERS, AND ASSOCIATED FRAMEWORKS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			X No
	the prior Form 990 or 990-EZ?	L res	LAJ NO
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	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	measured by expense	•
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ars, the total expenses,	ano
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 829,789. including grants of \$ 829,789. ) (Revenue	ue \$	)
	THE GRANT WAS PROVIDED TO AN ORGANIZATION WHO RESEARCHES	S AND EVALUA	TES
	NON GOVERNMENTAL ORGANIZATION REPORTING TO PROMOTE ACCOUNT		
	TRANSPARENCY OF ORGANIZATION ACTIONS.	<u> </u>	
	TRANSPARENCE OF ORGANIZATION ACTIONS.		
			<del></del>
4b	(Code) (Expenses \$) (Revenue) (Revenue)	ue \$	)
	ISRAELI RESEARCH FELLOWS PROGRAM BRINGS RESEARCH FELLOWS	S FROM ACCRO	SS
	THE WORLD TO ISRAEL FOR PARTICIPATION IN SYSTEMATIC RES		
	ANALYSIS OF THE ACTIVITIES OF GOVERNMENTS AND NON GOVERN		
		MILLIN I I I I I	
	ORGANIZATIONS, FUNDERS, AND ASSOCIATED FRAMEWORKS.		
		<del> · · · · · · · · · · · · · · · · · </del>	
4¢	(Code) (Expenses \$) (Revenue)	ue \$	,
		· ··· · · · · · · · · · · · · · · · ·	
	Other and the Control of Control		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 1,191,877.	-	
		Earm (	1010 (2012)

# Form 990 (2012) REPORT, INC Part IV Checklist of Required Schedules

	1		res	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
a	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	T I G		
•	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	3.33		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	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
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
_	or entity located outside the 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 individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990	(2012)
		T OHII		(CUIC,

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			i
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	<u> X</u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_x_
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA	<u> </u>	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	l	<b></b>
50	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	<u>~</u>		<u> </u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Ves." complete Schedule R. Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			- <del></del> -
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2012)

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

Form **990** (2012)

26-2971061

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			(T)					
	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management		V						
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No					
1a	Enter the flamest of verify members of the governing to a product of the same state	4							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1							
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
		<del></del>	Yes						
	Did the organization have local chapters, branches, or affiliates?	10a		X					
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	ļ						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Ì						
	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	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	Х	ļ					
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b	ļ	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16 <u>a</u>	<b> </b>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finai	ncial						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:	<b>-</b>						
	REPORT INC - 202-241-1399								
****	100 SPRINGDALE ROAD, PMB 309, CHERRY HILL, NJ 08003								

Form **990** (2012)

orm 990 (2012)	REPORT, INC	26-2971061 Page 7

# 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.

Check this box if neither the organization r	organization compensat					ısat	ted any current officer, director, or trustee.					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(40	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is			ı ış both an		compensation	compensation	amount of		
	week	officer and a direct				or/trus	tee)	from	from related	other		
	(list any	ect						the	organizations	compensation		
	hours for	5	၂ ရွ			ated		organization	(W-2/1099-MISC)	from the		
	related	nstee	trust		8	) Den		(W-2/1099-MISC)		organization and related		
	organizations below	曹	bonal		횰	e co	١.			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme		•	Organizations		
(1) JOSH KATZEN	0.00											
BOARD MEMBER - PRESIDENT		X		X				0.	0.	0.		
(2) RITA EMERSON	0.00											
BOARD MEMBER		X						0.	0.	0.		
(3) DANA LINDEN	0.00			ĺ								
BOARD MEMBER - TREASURER	ļ	X	<u> </u>	X		ļ	ļ	0.	0.	0.		
(4) NINA ROSENWALD	0.00									_		
BOARD MEMBER - VICE PRESID		X	<u> </u>	X	_	<u> </u>	L	0.	0.	0.		
(5) CHARLES SMALL	0.00											
BOARD MEMBER	ļ <u> </u>	X	<u> </u>	_	ļ	┡	<u> </u>	0.	0.	0.		
(6) HARRY TEICHMAN	0.00				l				_			
BOARD MEMBER - SECRETARY		X	<u> </u>	X	<u> </u>	├		0.	0.	0.		
(7) JOSEPH SHIER	0.00				1							
BOARD MEMBER	0.00	X		<u> </u>	├	H	<u> </u>	0.	0.	0.		
(8) REBECCA SUGAR	0.00											
BOARD MEMBER	0.00	X	_		├	├	_	0.	0.	0.		
(9) JEHUDI KINAR	0.00											
BOARD MEMBER		Х			├			0.	0.	0.		
(10) SANFORD ROSENBLOOM	0.00											
BOARD MEMBER	0.00	X			┢	├	<b> </b> -	0.	0.	0.		
(11) DOV YARDEN	0.00	ł	}	x	Ì			0.	٥.	43 000		
DIRECTOR GENERAL	-	-		^	$\vdash$	$\vdash$	┢	U •	U •	43,000.		
		ł										
		<del>                                     </del>	-	$\vdash$		$\vdash$	<u> </u>					
		i										
		<b> </b>										
		1										
						<u> </u>						
			i									
	-	-		_	$\vdash$	ļ						
		1										
232007 12-10-12			<u> </u>						l <u></u>	Form <b>990</b> (2012)		

REPORT. INC 26-2971061 Page 8 Form 990 (2012) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) (E) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation hours for (W-2/1099-MISC) from the organization Highest compensated employee ndividual trustee or related Institutional trustee (W-2/1099-MISC) organization organizations and related helow organizations line) 0. 43,000. 0. 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 43,000. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 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. (B) (C) Compensation Description of services Name and business address NONE

(A)
Name and business address
NONE
Description of services
Compensation

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

Form **990** (2012)

Pai	t VII	<b></b> √ ,			- Ab - D4 \ ////			
		Check if Schedule O cont	ains a response	to any question	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
E E	b		1b					ļ
اغ ي	c		1c					
i i	d	Deleted a second land	1d					
S,E	e	0						
isis	f	All other contributions, gifts, gran						
투		similar amounts not included abor		246,084.		!		
달의	g	Noncash contributions included in lines		_				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	1,246,084.		<u> </u>	
				Business Code				
8	2 a							
ē Š	b							
n Si	С							
Par	d							-
Program Service Revenue	е							
٦	f	All other program service reve	enue			<u> </u>		-
		Total. Add lines 2a-2f	-15 1-1111	<b>_</b>				<del> </del>
	3	Investment income (including	aiviaenas, inter		26.			26.
		other similar amounts)			20.			20.
1	4	Income from investment of tax	x-exempt bond	oroceeds >				<del>                                     </del>
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Heal	(ii) i ersonar				
	U a	Less. rental expenses						
	c	Rental income or (loss)		-				
	d	Net rental income or (loss)	L	<b>•</b>				
		Gross amount from sales of	(ı) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>&gt;</b> _	_			
e	8 a	Gross income from fundraisin	-					İ
len.		including \$						
Other Revenue		contributions reported on line	1c). See					
je		Part IV, line 18	a					
<del>t</del>		Less: direct expenses	. b	· L				
		Net income or (loss) from fund	-					<del> </del>
	9 a	Gross income from gaming ac Part IV, line 19	_					
	<b>.</b>	Less: direct expenses	a b					
		Net income or (loss) from garr						
		Gross sales of inventory, less					· · · · · · · · · · · · · · · · · · ·	1
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	<b>•</b>				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				<del> </del>
23200	12 9	Total revenue. See instructions.		<u> </u>	1,246,110.	0.	0.	<del>* : · · · · · · · · · · · · · · · · · · </del>
12-10	-12							Form <b>990</b> (2012)

# Form 990 (2012) REPORT, INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States, See Part IV. lines 15 and 16	829,789.	829,789.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		-		
•	trustees, and key employees	43,000.	26,000.	17,000.	
6	Compensation not included above, to disqualified	20100.03			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	312,200.	312,200.		
8	Pension plan accruals and contributions (include	<u> </u>	<u> </u>		
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
_	Payroll taxes				
10	Fees for services (non-employees):				
11					
a	Management	108.		108.	
b	Legal	8,169.	3,895.	4,274.	
C	Accounting	0,103.	3,033.	4,4/4.	
d	Lobbying Professional fundranana convess. See Port IV. Inc. 17				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
g	Other. (If line 11g amount exceeds 10% of line 25,	4 001	1,481.	3 500	
	column (A) amount, list line 11g expenses on Sch O.)	4,981. 778.	778.	3,500.	
12	Advertising and promotion	273.	236.	37.	
13	Office expenses	421.	249.	172.	
14	Information technology	441.	443.	1/2.	
15	Royalties	9 000	8,000.		
16	Occupancy	8,000. 26.	26.		<del></del>
17	Travel	20.	20.		
18	Payments of travel or entertainment expenses				
46	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates		······		
21 22	Depreciation, depletion, and amortization				
	Insurance	6,518.	3,259.	3,259.	
23 24	Other expenses. Itemize expenses not covered	0,010.	5,233.	3,233.	·
<b>2</b> 4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SEMINARS AND CONFERENCE	5,538.	5,538.		
b	FEES AND LICENSES	300.	2,200.	300.	<del></del>
C	WEBSITE HOSTING AND MAI	280.	215.	65.	
d	BANK CHARGES	211.	211.		
	All other expenses	<u> </u>	<u></u>		
25	Total functional expenses. Add lines 1 through 24e	1,220,592.	1,191,877.	28,715.	0
<u>25</u> 26	Joint costs. Complete this line only if the organization		-,-J-,U,11•	20,713.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Inf following SOP 98-2 (ASC 958-720)				
22201	11-10-12			ļ.	Form <b>990</b> (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 370,679. 301,297. Cash - non-interest-bearing 29,035. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 14,500. 0. 15 Other assets. See Part IV, line 11 15 344,832 370,682 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 277. 609. 25 Schedule D 277. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 310,198. <u>338,408</u>. 27 Unrestricted net assets 34,357. 31,665. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 370,073. 344,555. 33 Total net assets or fund balances 344,832 370,682. Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) REPORT, INC	26-297	71061	Pag	<u>е 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,246		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,220		
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	344	1,5	<u>55.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	370	<u>, 0'</u>	<u>73.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		li		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (2	2012)

232012 12-10-12

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**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.

OMB No 1545-0047

2012

Open to Public Inspection

**Employer identification number** 

		REPORT,							26	<u>5-2971(</u>	)61 <u> </u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1 🔲			s, or association of churc									
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🔲			tal service organization of			170(b)(1)(	(A)(iii).					
4	-		operated in conjunction					(b)(1)(A)(ii	i). Enter tl	he hospital's	s name,	
	city, and state:											
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a govern	nental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲			ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic descri	ibed in	
	-	b)(1)(A)(vi). (Comple										
8 🗀	-		ection 170(b)(1)(A)(vi). (	(Complete	Part II)							
9 🗌	-		eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, an	d gross rec	eipts from	
	-	•	nctions - subject to certa									
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30	), 1975.	
	See section	509(a)(2). (Complete	Part III.)									
10 🔲	An organizati	on organized and or	perated exclusively to tes	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	1).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes of	one or	
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	tion 509(	a)(3). Che	ck the box t	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type	I <b>b</b> 🗔 Ту	/pe II c 🔲 Ty	ype III - Fu	nctionally	ntegrated	c	<b>ı</b> 🔙 Тур	e III - Non	-functionally	/ integrated	
е 🔲	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other	er than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations desi	cribed in s	ection 509	9(a)(1) or s	section 509(	a)(2).	
f	if the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	• III				
	supporting o	rganızatıon, check th	nis box .									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	-		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (	ııı) below,		Yes No	
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
		T	T						·: I			
(i) Name	of supported	(ii) EIN	(m) Typo or organization		organization			(vi) ls organization	the on in col.	(vii) Amount	of monetary	
orga	anızatıon			in col. (i) listed in your organization in col.   (i) governing document?   (i) of your support?			(i) organiz U.S	ed in the [	supp	ort		
		•	(see instructions)						┯——┤			
				Yes	No	Yes	No	Yes	No			
				<del> </del>	ļ			<b></b>	<del>  </del>			
									,			
				<b></b>		ļ			<del>  </del>			
		<del> </del>		<del> </del>	<del> </del>	<del> </del>	-		<del>                                     </del>			
							<del>                                     </del>	<del> </del>	<del>                                     </del>	<del></del>	-	
								1				
				-	-		<b> </b>	<del> </del>	+ +			
Total												
	Paperwork Pa	duction Act Notice	, see the Instructions for	or	·	·	J	Schedul	e A (Form	n 990 or 990	 )-EZ) 2012	
OI F	Shoutsolk IJE		,								,	

Form 990 or 990-EZ.

REPORT\_1

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

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

Sec	tion A. Public Support			<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")			807,763.	852,476.	1246084.	2906323.
2	Tax revenues levied for the organ-			•			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				-
Ŭ	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3			807,763.	852,476.	1246084.	2906323.
5	The portion of total contributions			30777031	002/2:00		<u> </u>
3	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,						1 / 1 7 0 / 2
_	column (f)			-			1417843.
	Public support. Subtract line 5 from line 4						1488480.
			# > 0000	1 1 2010		4 ) 2040	40 Takal
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012 1246084.	(f) Total 2906323.
	Amounts from line 4			807,763.	852,476.	1240004.	4900343.
8	Gross income from interest,						
	dividends, payments received on					!	
	securities loans, rents, royalties				200	26	202
	and income from similar sources			88.	209.	26.	323.
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.)						22222
11	Total support. Add lines 7 through 10				1		2906646.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, th	urd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor		<del></del>	<del></del>	<del>,</del>		▶∟_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<del></del>	rr	
14	Public support percentage for 2012 (	ine 6, column (f) d	ivided by line 11,	, column (f))		14	51.21 %
	Public support percentage from 2011					15	42.09 %
16a	33 1/3% support test - 2012. If the				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						<b>▶</b> LXJ
b	33 1/3% support test - 2011. If the	organization did no	ot check a box or	n line 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	ifies as a publicly	supported organ	ızatıon			
17a	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not	t check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ces" test, check	this box and stop h	i <b>ere.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as	a publicly supported	dorganization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the orc	anızation dıd not	t check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test,	check this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗀
					Sche	edule A (Form 990	or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Comple	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
	1. N. J. J. J. Hallander and A. D. A. II.)

Section A. Public Support	, p.0400 00/11p	o.o.o.r care ting				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,	-					
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
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			1			ļ
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		1				
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						
8 Public support (Subtract line 7c from line 6)		<u>L</u> .		1		<u>L</u>
Section B. Total Support				·		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,		-				
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				<u>.                                    </u>	.]	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>	<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is		1		1		1
regularly carned on		<u> </u>				
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	he organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2011	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	lment Incom	e Percentage				
17 Investment income percentage for 201	2 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the c			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2011. If the o						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization		-	•		=	▶□
					<del> </del>	<del> </del>

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes." to Form 990.

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

Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	REPORT, INC			-2971061
Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts.Co	omplete if the
	organization answered "Yes" to Form 990, Part IV, line			_
		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad	-	used only	
-	for charitable purposes and not for the benefit of the donor or			
	Impermissible private benefit?	, , , , , ,	<u> </u>	Yes No
Pai		anization answered "Yes" to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or ed		storically important la	nd area
	Protection of natural habitat	Preservation of a cert	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of open space			-
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation ea	sement on the last
_	day of the tax year.		0, 4 00, 100, 74,10,11 04	
	day of the tax year.		Held at	the End of the Tax Year
а	Total number of conservation easements		2a	the cha of the tax rear
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic stru	octure included in (a)	2c	<del></del>
G	Number of conservation easements included in (c) acquired at		<del>                                     </del>	
d	listed in the National Register	ner 6/17/00, and not on a historic struct	2d	
_	Number of conservation easements modified, transferred, rele	paced extinguished or terminated by the		the tay
3	year	eased, extinguished, or terminated by the	organization during	IIIO IAA
A	Number of states where property subject to conservation easi	ement is located		
4	Does the organization have a written policy regarding the period			
5	violations, and enforcement of the conservation easements it		Г	Yes No
•	Staff and volunteer hours devoted to monitoring, inspecting, a		uring the year	1es 140
6 7	Amount of expenses incurred in monitoring, inspecting, and e			<del> </del>
8	Does each conservation easement reported on line 2(d) above			
0	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170	(,,( <del>,,</del> (,,),,),	Yes No
9	In Part XIII, describe how the organization reports conservation	on escements in its revenue and expense	etatement and hala	
3	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	on a financial statements that describes	tho organization o de	loodinalig to:
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Ass	ets.
	Complete if the organization answered "Yes" to Form 9			
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance she	eet works of art.
	historical treasures, or other similar assets held for public exhi	•		
	the text of the footnote to its financial statements that describ		p	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet	works of art. historical
-	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:		provide	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<u> </u>	
2	If the organization received or held works of art, historical trea	Isures, or other similar assets for financia		
~	the following amounts required to be reported under SFAS 11		. gan, provido	
•	Revenues included in Form 990, Part VIII, line 1	o e los oco, rolating to those items.	₽ \$	
a	Assets included in Form 990, Part X	• •	<b>-</b>	
Ŋ	Assets included in Form 330, Fall A		Ψ	

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

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 REPORT, I							-297106		ige <b>2</b>
Par	t III Organizations Maintaining Col		rt, Hist	orical Tr	easures, d	or Oth	er Similar <i>i</i>	Assets(cont	ınued)	
3	Using the organization's acquisition, accession,	and other record	ds, check	any of the	following tha	at are a s	ignificant use	of its collection	on items	s
	(check all that apply).									
а	Public exhibition	d	ı 🔲 ı	_oan or excl	hange progra	ams				
b	Scholarly research	е	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explai	n how th	ey further th	ne organizati	ion's exe	mpt purpose	ın Part XIII.		
5	During the year, did the organization solicit or re	ceive donations	of art, hi	storical treas	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be maint	ained as part of	the orgai	nization's co	ilection?			Yes		No
Par	t IV Escrow and Custodial Arrange	•	ete if the	organizatio	n answered	"Yes" to	Form 990, Pa	art IV, line 9, o	r	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	ssets not	included			,
	on Form 990, Part X?					•		L Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	ollowing t	able:						
								Amou	nt	<del></del>
C	Beginning balance	••					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	•					1f		<del></del>	<del></del>
	Did the organization include an amount on Form							Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII. Ch									<u></u>
Par	<del></del>		1		T -					
	<u>(</u> :	a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years	s back (e) Fo	ır years	<u>back</u>
1a	Beginning of year balance						<del></del>			
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships			<del>,</del>						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possessi	on of the organiz	ation tha	it are held a	nd administe	erea tor t	ne organizatio	on	[]	<del></del>
	by:							[ <del>-</del>	Yes	No
	(i) unrelated organizations					•	•	3a(i)		
	(ii) related organizations		Oabaa	tuta DO				3a(ii	4	
	If "Yes" to 3a(ii), are the related organizations list Describe in Part XIII the intended uses of the or				-		• •	<u>3b</u>		
Par	t VI Land, Buildings, and Equipmen						<del></del>			
	Description of property	(a) Cost or o			or other	(c) A	ccumulated	(d) Bo	ok value	<del></del>
	becomplien or property	basis (investr			(other)	l ''.	preciation	(4, 50	J. TUICK	-
	Land		<del>′</del>		• •			-		
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, colun	nn (B), line 1	10(c).)					0.

Schedule D (Form 990) 2012

26-2971061 Page 3 Schedule D (Form 990) 2012 REPORT, Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests Other (A)(B) (C) (D) (E) (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 (c) Method of valuation: Cost or end-of-year market value (a) Description of investment type (b) Book value (1) (2)(3) (4) (5) (6) (7) (8) (9) (10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)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 (1) Federal income taxes 609 BOOK SALES EXCHANGE ACCOUNT (3) (4) (5) (6) (7) (8) (9) (10)(11)609. 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

che	dule D (Form 990) 2012 REPORT, INC			26-	2971061	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	eturi	n	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of pnor year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	ırn	-
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII )	2d				
	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				····	· -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b		4b				
	Add lines 4a and 4b	1.5		4c		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	••	5		
	t XIII Supplemental Information					•
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				2b; Part V, line	4; Part
_						
_	<del>-</del>			Sche	dule D (Form 9	90) 2012

### 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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization					Employer ident	ification number	
REPORT, INC					26-29710	61	
Part I General Inf	ormation on A	ctivities Ou	tside the United States. Compt	ete if the organ			
	art IV, line 14b.		•				
1 For grantmakers. Do	es the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other			
the grantees' eligibility	y for the grants or	assistance, and	the selection criteria used to award the	grants or ass	stance?	Yes No	
0	and the in Doct Mah.		nunced was for mandaring the use of d	a granta and a	thar againtanas a	itaida tha	
2 For grantmakers. De United States.	scribe in Part V the	e organization s	procedures for monitoring the use of it	s grants and o	iner assistance of	itside trie	
	(The following Pan	t I, line 3 table ca	an be duplicated if additional space is	needed.)			
(a) Region	(b) Number of offices in the region	1	1	(e) If actions a produced the control (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region	
				THE ORGANIZ	CATION		
				PERFORMS RE	ESEARCH,		
				ANALYSIS AN			
ISRAEL	1	3_	PROGRAM SERVICE	INFORMATION	ON NON	829,789.	
					<u> </u>		
						-	
2 a Sub total					·	000 700	
3 a Sub-total  b Total from continuation	·	3				829,789,	
sheets to Part I	<u>.</u>	0				0.	
c Totals (add lines 3a					-		
and 3b)		3				829 789	
LHA For Paperwork Redu	ction Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2012	

232071 12-10-12

SEE PART V FOR COLUMN (E) DESCRIPTIONS

26-2971061

Page 2

•

REPORT,

Schedule F (Form 990) 2012

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 27 639 WIRE TRANSFER WIRE TRANSFER (f) Manner of 802,150, of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter MALYSIS AND PROVIDES PERFORMS RESEARCH AND EDUCATIONAL OUTREACH INFORMATION ON NON PERFORMS RESEARCH. (d) Purpose of THE ORGANIZATION THE ORGANIZATION grant ANALYSIS FOR (c) Region SRAEL SRAEL (b) IRS code section and EIN (if applicable) (a) Name of organization N

SEE PART V FOR COLUMN (D) DESCRIPTIONS Enter total number of other organizations or entities

Schedule F (Form 990) 2012

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Page 3

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. REPORT, INC Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

232073 12-10-12

Ган	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	☐ Yes	X No

Schedule F (Form 990) 2012

### Part V | Supplemental Information

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

EXPENDITURE OF FUNDS.  PART I, LINE 3, COLUMN (E):  REGION: ISRAEL  (E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION PERFORMS
REGION: ISRAEL
REGION: ISRAEL
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION PERFORMS
RESEARCH, ANALYSIS AND PROVIDES INFORMATION ON NON GOVERNMENTAL
ORGANIZATIONS CLAIMING TO PROMOTE MORAL AGENDAS, INCLUDING HUMANITARIAN
AID AND HUMAN RIGHTS.
PART II, COLUMN (D):
REGION: ISRAEL
(D) PURPOSE OF GRANT: THE ORGANIZATION PERFORMS RESEARCH, ANALYSIS AND
PROVIDES INFORMATION ON NON GOVERNMENTAL ORGANIZATIONS CLAIMING TO
PROMOTE MORAL AGENDAS, INCLUDING HUMANITARIAN AID AND HUMAN RIGHTS.
REGION: ISRAEL
(D) PURPOSE OF GRANT: THE ORGANIZATION PERFORMS RESEARCH AND ANALYSIS
FOR EDUCATIONAL OUTREACH TO CORRECT WILLFUL REWRITING OF HISTORY.
THE PROCEDURE FOR REPORT INC TO MONITOR THE GRANTED FUNDS IS THROUGH
FINANCIAL REPORTS FROM ITS GRANTEE PRESENTING THE USE OF THE FUNDS
PROVIDED.

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

# 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.

OMB No 1545-0047 Open to Public

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Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

Inspection

Employer identification number

REPORT, INC	26-2971061
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
AND ANALYSIS OF THE ACTIVITIES AND TRANSPARENCY OF GOVERN	MENTS AND
NON-GOVERNMENTAL ORGANIZATIONS, THEIR FUNDERS, AND ASSOCI	ATED
FRAMEWORKS.	
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF TH	E 990 IS SENT TO
THE DIRECTOR GENERAL TO REVIEW WITH THE GOVERNING BOARD B	BEFORE THE FILING
THE FINAL COMPLETED FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C: IN ACCORDANCE WIT	H THE POLICY, THE
GOVERNING BOARD AND OFFICERS REVIEW ON A PERIODIC BASIS F	OR ANY CONFLICT OF
INTERESTS DEALING WITH VENDORS, AND THOSE WITH ANY BOARD	MEMBERS OR
OFFICERS. IN ADDITION TO THE PERIODIC REVIEW, ALL POSSIE	BLE CONFLICT OF
INTEREST CASES ARE TO BE REPORTED AND INVESTIGATED.	
FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST, THE	ORGANIZATION WILL
PROVIDE A COPY OF ITS FORM 1023 AS REQUIRED.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, THE	ORGANIZATION WILL
PROVIDE A COPY OF ITS CONFLICT OF INTEREST POLICY AND WIL	L ANNUALLY PROVIDE
FINANCIAL INFORMATION AS REPORTED ON ITS FORM 990.	