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Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-2013 C Name of organization D Employer identification number B Check if applicable JCPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA Address change 23-1722541 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 12 CAMPUS BOULEVARD ☐ Terminated (610) 325-9814 Amended return City or town, state or country, and ZIP + 4 NEWTOWN SOUARE, PA 190733273 Application pending **G** Gross receipts \$ 9,002,004 Name and address of principal officer Is this a group return for TIMOTHY G FAWCETT ┌ Yes 🗸 No affiliates? 12 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **┌** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ▶ **Website: ►** WWW ICDD COM **L** Year of formation 1969 **M** State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities The ICDD will continue to be the world center for quality diffraction and related data to meet the needs of the technical community Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 53 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) . . . . 6 306 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 38,172 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 1.050 1,000 7,051,223 6,728,122 Program service revenue (Part VIII, line 2g) . . . 394,570 274,577 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 392,017 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 353,818 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 7,838,860 7,357,517 13 276,571 347,675 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 5,438,859 **Expenses** 5.057.182 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 2,543<u>,</u>068 <u>2,702,</u>775 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,876,821 8,489,309 18 19 Revenue less expenses Subtract line 18 from line 12 -37,961 -1,131,792 (Assets or id Balances **Beginning of Current End of Year** Year 21,113,224 21,739,021 20 Total assets (Part X, line 16) . .

#### Signature Block

21

22

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

Sign	B .	***** Signature of officer			2014-01-09 Date
lere	l I	DONNA M BARRY BUSINESS MANAGER			
	7	Type or print name and title			
Paid		Print/Type preparer's name Frederick E Davis Jr	Preparer's signature	Date	Check if PTIN self-employed
repare	r	Firm's name F Mitchell & Titus LLP			Firm's EIN ►
Jse Only		Fırm's address ► 1818 Market Street Sur	Phone no (215) 561-7300		
		Philadelphia, PA 19103			
Any the IDC	- 4.6	auga this raturn with the preparer o	hourn about 2 (coo instructions)		∠ Voc □No

Total liabilities (Part X, line 26) . . .

Net assets or fund balances Subtract line 21 from line 20

12,382,603

8,730,621

12,612,297

9,126,724

Par	t IIII Stater	ment of Program Service Ac	complishments		
	Check	f Schedule O contains a response t			
1	Briefly describ	oe the organization's mission			
DIFF OF M	RACTION AND	AL CENTRE FOR DIFFRACTION E RELATED DATA TO MEET THE N ARACTERIZATION METHODS IN MATION	EEDS OF THE TECHNICAL CO	MMUNITY ICDD PROMOTE:	S THE APPLICATION
2	-	zation undertake any significant pro 990 or 990-EZ?			┌ Yes ┌ No
	If "Yes," descr	ibe these new services on Schedule	e O		
3	services? .	zation cease conducting, or make s		ucts, any program	┌ Yes ┌ No
	If "Yes," descr	ibe these changes on Schedule O			
4	expenses Sec	rganization's program service acco tion 501(c)(3) and 501(c)(4) orgar nses, and revenue, if any, for each p	nizations are required to report th		
4a	RESEARCH AND	) (Expenses \$ 4, ION PROVIDED GRANT-IN-AID FOR RESEAR RELATED STUDIES IN ADDITION, THE ORG RELATED TO POWDER DIFFRACTION INFOR	ANIZATION INCURRED SELLING EXPENS	347,675 ) (Revenue \$ TION, AS WELL AS SCHOLARSHIPS FO ES, DATA PROCESSING EXPENSE, AN	6,728,122 ) OR CRYSTALLOGRAPHIC ID HOSTED CONFERENCES
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	m services (Describe in Schedule O including ç		) (Revenue \$	)
4e			41,083	•	
	p 5. w.	·	1 *=		

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC G G II C G	Juli Caale

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	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	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

аI	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	. l No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   21			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		No
,				
•	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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	,,	5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			IN
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand	Į I		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Code	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 ►DONNA M BARRY 12 CAMPUS BOULEVARD NEWTOWN SQUARE, PA (610) 325-9814

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
			Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations			
(1) Scott Misture	7 0	х						o		0
Chairman										
(2) Davor Balzar Vice Chairman	7 0	х						0		0
(3) David Taylor	7 0									
Treasurer	, ,	Х		Х				0		0
(4) Matteo Leoni	7 0							_		
Chairman, Technical Committee		Х						0		0
(5) J Miguel Delgado	7 0									
Directors-at-Large		Х						0		0
(6) Winnie Wong-Ng	7 0									
	, ,	х						0		0
Directors-at-Large (7) John Anzelmo	7 0				_					
	'0	х						0		0
Directors-at-Large (8) Vanessa Peterson	7.0									
(8) Variessa Peterson	7 0	х						0		0
Directors-at-Large										
(9) Jordi Rius	7 0	×						0		0
Directors-at-Large		_ ^								
(10) TIMOTHY FAWCETT	40 0			х				252 101	0	44.402
EXECUTIVE DIRECTOR				^				252,101	0	44,483
(11) THERESA MAGUIRE	40 0									
CORPORATE SECRETARY				Х				131,453		30,496
(12) CYRUS CROWDER	40 0									
PRINCIPLE SCIENTIST						Х		153,893		33,755
(13) DONNA BARRY	40 0					$\vdash$				
						х		127,062		29,729
BUSINESS MANAGER  (14) Theresa kahmer	40 0									
` '	40 0					х		108,622		26,692
Database Manager (15) Surı Kabekkodu	40.0									
	40 0					х		104,388		26,608
Editor-in-Chief										
(16) Joseph Sunzen	40 0					x		110,996		27,721
Info Technology Manager								, , , , ,		
1	I							I		Form <b>990</b> (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	A verage hours per more than one box, unless compensation week (list any hours and a director/trustee)  A verage hours per more than one box, unless compensation from the any hours and a director/trustee)  A verage hours person is both an officer and a director/trustee)  A verage hours person is both an officer or ganization (W-								(E) Reportable compensation from related organizations (W	-   '	<b>(F)</b> Estimated amount of oth compensatio from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1U99-M15		2/1099-MISC)		organization an related organizations		
_														
<del></del>							<u></u>							
1b Sub-Total c Total from continuation shee		ection	Δ.	•	•		<b>F</b>				-			
d Total (add lines 1b and 1c) .	•			٠.	٠.		۰	98	8,515		0		219,484	
2 Total number of individuals (ii \$100,000 of reportable comp						dabov	e) w	ho received mo	re th	an				
												Yes	No	
3 Did the organization list any f	<b>ormer</b> officer, dii	ector o	r trus	tee,	key	emplo	yee,	, or highest con	npens	sated employee		165	100	
on line 1a? If "Yes," complete	Schedule J for suc	ch indiv	ıdual	•	•		•		•		3		No	
4 For any individual listed on lir organization and related organization														
<ul><li>individual</li><li>Did any person listed on line</li></ul>	1 a receive or acc	rue co	 mnen	• satir	• on fro	· ·	• / IInr	elated organiza	• ation	or individual for	4	Yes		
services rendered to the orga									• •		5		No	
Section B. Independent Co	ontractors													
Complete this table for your fi compensation from the organi	ıve hıghest comp											tax year	-	
	(A) Name and business	address							Des	(B) cription of services		(C Compe		
											1	•		
											+			
•											-+			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99								Page <b>9</b>
Part V	<b>/      </b>	Statement o Check if Schedu	o <b>f Revenue</b> ule O contains a respon	ıse to any question i	n this Part VIII			<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s t	1a	Federated camp	paigns 1a					
ant	b	Membership du	es <b>1b</b>					
ē,	С	Fundraising eve	ents <b>1c</b>					
iffs ar A	d	Related organiz	zations 1d					
£, 6	e	Government grants	s (contributions) <b>1e</b>					
iği S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,000	i			
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts no	ot included above ons included in lines					
n di	g	1a-1f \$	ons included in lines					
G E	h	Total. Add lines	s 1a-1f	· · · •	1,000			
<u> </u>				Business Code				
Program Serwce Revenue	2a	PRODUCT REVENU		900099	6,563,935	6,563,935		
	b	POWDER DIFF JNI	<u> </u>	900099	58,737	58,737		
	C	CLINIC REVENUE		900099	105,450	105,450		
	d e							
ran	f	All other progra	am service revenue					
્રે			Į					
	g 3		s 2a-2f ome (including dividence		6,728,122			
		and other simila	ar amounts)	• [	264,090			264,090
	4		stment of tax-exempt bond p	· · · · · ·	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(I) Keal	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental incoi	ll me or (loss)		o			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,654,974					
	b	Less cost or other basis and	1,644,487					
	c	sales expenses Gaın or (loss)	10,487					
	d	Net gain or (los	s)		10,487			10,487
ψ	8a	Gross income for events (not inclinate)						
Other Revenue		\$of contributions See Part IV, lin	s reported on line 1c)					
<u>a</u>	ь	Less direct ex	penses b					
₹	С		loss) from fundraising e	events 🛌	0			
	9a	Gross income for See Part IV, lin	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		۔ loss) from gamıng actı). ت	/ities <b></b> ►	0			
	10a	Gross sales of returns and allo						
	1		oods sold <b>b</b>					
	С		(loss) from sales of inve		0			
	112	Miscellaneous		Business Code 900099	254,075	254,075		
	114	DENVER CONF INCOME	FERENCE	300033	231,073	231,073		
	b	JOURNAL ADV	'ERTISING FEE	541800	38,172		38,172	
	С	OTHER REVEN		900099	61,571	61,571		
		All other revenu	ue					1
	d		L		i	I	l	
	e 12	Total. Add lines	L	🔸	353,818			

#### 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 response to any question in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 77,165 77,165 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 270,510 270,510 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 884,126 884,126 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 2,259,580 Other salaries and wages 975,235 1,284,345 Pension plan accruals and contributions (include section 401(k) 396,000 170,914 225,086 and 403(b) employer contributions) . . . . 1,337,511 577,270 760,241 Other employee benefits . . . . 10 561,642 378,547 183,095 11 Fees for services (non-employees) O Management . . . . 32,723 O 32,723 Legal . . . . . . . . Accounting . . . . . . . . . . . . 76,644 76,644 0 0 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 153,601 153,601 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 125,191 125,191 Schedule O) . . . . . . . Advertising and promotion . . 288,888 288,888 12 13 Office expenses . . . . . . 352,284 107,517 244,767 14 Information technology . . . 79,200 59,400 19,800 15 646,901 646,901 Royalties . 75,175 56,381 18,794 16 Occupancy . . . . . . **17** 34,451 25,838 8,613 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 321,466 321,466 20 0 Payments to affiliates . . . . . . 0 21 22 Depreciation, depletion, and amortization . . . 146,187 146,187 23 73,096 73.096 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) CRYSTALLOGRAPHY SCHOLARSHIP 65,000 65,000 0 0 b MAINTENANCE 231,968 11,204 220,764 0 C d e All other expenses Total functional expenses. Add lines 1 through 24e 25 8,489,309 4,741,083 3.748.226 0 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 ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,891,899	2	4,956,422
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	646,341	4	609,775
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
60	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 employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	5	0
ŧ			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
₹	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	97,129	9	141,763
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  6,529,308			
	Ь	Less accumulated depreciation 10b 3,502,870	3,109,114	<b>10</b> c	3,026,438
	11	Investments—publicly traded securities	12,368,741	11	13,004,623
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,113,224	16	21,739,021
	17	Accounts payable and accrued expenses	479,948	17	431,146
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>ge</u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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 Schedule	11,902,655	25	12,181,151
	26	D	12,382,603	26	12,612,297
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	12,302,000	20	12,012,207
Š	27	Unrestricted net assets	8,130,807	27	8,532,246
<u>।</u>	28	Temporarily restricted net assets	2,432	28	-3,904
<u> </u>	29	Permanently restricted net assets	597,382	29	598,382
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.	337,332		200,002
ō	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$	32	Retained earnings, endowment, accumulated income, or other funds		32	
<del>1</del> ±	33	Total net assets or fund balances	8,730,621	33	9,126,724
Net	34	Total liabilities and net assets/fund balances	21,113,224	34	21,739,021
	1	Total habilities and het assets/julia balances	21,113,224	J4	21,739,021

Par	t XI Reconcilliation of Net Assets				-9
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		·
	Total never us (never a need Doub VIII as leave (A) less 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,3	357,517
2	Total expenses (must equal Part IX, column (A), line 25)	2		8.4	189,309
3	Revenue less expenses Subtract line 2 from line 1				103,303
_		3		-1,1	131,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,7	730,621
5	Net unrealized gains (losses) on investments	5			535,203
6	Donated services and use of facilities	-			33,203
_		6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
	- Chief changes in necassess of faile balances (explain in senegate 6 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9		8	392,692
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,1	126,724
Par	t XII Financial Statements and Reporting			· · ·	•
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	: of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	;	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493014011884

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization
JCPDS-INTERNATIONAL CENTRE FOR

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

Open to Public Inspection

	ACTION								23-1722				
	rt I			blic Charity Sta						nstruction	s		
The	rganı	zation is	not a priva	te foundation becaus	seitis (Forl	ınes 1 thro	ugh 11, checl	k only one	box)	<u> </u>			
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	described in <b>s</b>	ection 170	(b)(1)(A)(i).				
2	$\sqcap$	A scho	ol described	in <b>section 170(b)(1</b>	<b>L)(A)(ii).</b> (At	tach Sched	ule E )						
3	$\sqcap$	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desci	ribed in <b>sectio</b>	on 170(b)(:	L)(A)(iii).				
4	$\sqcap$	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	crıbed ın <b>s</b> ı	ection 170(b)(	1)(A)(iii).	Enter the		
_	_			ty, and state									
5	ı	_	•	erated for the benefi	_	e or universi	ity owned or d	perated by	a governmen	tal unit des	cribed in		
_	_			<b>A)(iv).</b> (Complete P	· ·								
6	<u> </u>			local government or	-								
7	J	_		at normally receives on 170(b)(1)(A)(vi).			support from	a governn	nental unit or f	rom the ge	neral public		
8	$\Gamma$			described in <b>section</b>			mplete Part II	I )					
9	Ī			at normally receives					ibutions, mem	bership fee	s, and gross		
		_		•					•	· ·	· -		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )											
10	Г			ganized and operated									
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check											
		the box that describes the type of supporting organization and complete lines 11e through 11h											
_	_	<b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
е	ı			ox, I certify that the ion managers and ot									
			n 509(a)(2)	on managers and oc	ner than one	or more par	bilety support	.cu organiz	acionis aesenis	ed III beeti	011 303 (4)(1) 01		
f			-	received a written d	etermınatıon	from the IF	RS that it is a	Type I, Ty	pe II, or Type	III suppor	tıng organızatıo <u>n,</u>		
			this box	2006				<b>.</b>			I		
g			ng persons?	2006, has the organ	ization accep	oted any gin	t or contributi	ion irom an	y or the				
				rectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (ii)	)	Yes No		
		and (III	) below, the	governing body of th	ne supported	organizatio	n?			11	g(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	g(iii)		
h		Provide	e the follow	ng information about	the supporte	ed organizat	tion(s)				<u> </u>		
	) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		(vii) A mount of		
	uppoi			organization	organizati		the organi		organizat		monetary		
OI	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) d suppor		col (i) org		support		
				or IRC section	docume		Заррон		III the o	<b>J</b>			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
									1				
Total						<del> </del>	1	1		1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,200	100,950	0	1,050		1,000	105,200
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,516,278	6,709,143	6,709,778	7,051,223	6,	728,122	33,714,544
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	<b>Total.</b> Add lines 1 through 5	6,518,478	6,810,093	6,709,778	7,052,273	6,	729,122	33,819,744
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
_	amount on line 13 for the year Add lines 7a and 7b							0
8	<b>Public support</b> (Subtract line 7c from line 6)							33,819,744
	ction B. Total Support							
caie								
	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
9	in) ► A mounts from line 6	(a) 2008 6,518,478	<b>(b)</b> 2009 6,810,093	(c) 2010 6,709,778	( <b>d</b> ) 2011 7,052,273		1 2 729,122	
	in) ►					6,		( <b>f</b> ) Total 33,819,744 1,153,820
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after	6,518,478	6,810,093	6,709,778	7,052,273	6,	729,122	33,819,744
9 Oa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	6,518,478	6,810,093	6,709,778	7,052,273	6,	729,122	33,819,744 1,153,820
9 0a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	70,224	6,810,093 265,668	6,709,778	7,052,273 269,721	6,	729,122 264,090	33,819,744 1,153,820 0 1,153,820
9 Oa b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	70,224	6,810,093 265,668 265,668	284,117	7,052,273 269,721 269,721	6,	729,122 264,090 264,090	33,819,744 1,153,820 0
9 0a b c 111	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)	70,224 70,224 0 413,374 7,002,076	265,668 265,668 45,649 338,454 7,459,864	284,117 284,117 67,674 268,649 7,330,218	7,052,273 269,721 269,721 57,854 334,163 7,714,011	7,	264,090 264,090 38,172 315,646	33,819,744 1,153,820 0 1,153,820 209,349 1,670,286 36,853,199
9 0a b c 111	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is f	70,224 70,224 0 413,374 7,002,076	265,668 265,668 45,649 338,454 7,459,864	284,117 284,117 67,674 268,649 7,330,218	7,052,273 269,721 269,721 57,854 334,163 7,714,011	7,	264,090 264,090 38,172 315,646	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199 zation,
9 0a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is f check this box and stop here	70,224  70,224  0  413,374  7,002,076  or the organization	265,668  265,668  45,649  338,454  7,459,864  on's first, second,	284,117 284,117 67,674 268,649 7,330,218	7,052,273 269,721 269,721 57,854 334,163 7,714,011	7,	264,090 264,090 38,172 315,646	33,819,744 1,153,820 0 1,153,820 209,349 1,670,286 36,853,199
9 0a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is f	70,224  70,224  0  413,374  7,002,076  or the organization	265,668  265,668  45,649  338,454  7,459,864  on's first, second,	284,117 284,117 67,674 268,649 7,330,218 third, fourth, or fi	7,052,273 269,721 269,721 57,854 334,163 7,714,011	7,	264,090 264,090 38,172 315,646	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199 zation,
9 00a b c 11 12 13 14 See	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is f check this box and stop here	70,224  70,224  70,224  70,024  70,02,076  or the organization  ic Support Per (line 8, column (	265,668  265,668  45,649  338,454  7,459,864  on's first, second,	284,117 284,117 67,674 268,649 7,330,218 third, fourth, or fi	7,052,273 269,721 269,721 57,854 334,163 7,714,011	7, 501(c)(3	264,090 264,090 38,172 315,646	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199  zation,
9 0a b c 11 12 13 14 Se 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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 ) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Publ Public support percentage from 201 ection D. Computation of Inve	70,224  70,224  70,224  0  413,374  7,002,076  or the organization ic Support Performance (line 8, column (1 Schedule A, Parestment Inco	265,668  265,668  45,649  338,454  7,459,864  on's first, second, ercentage f) divided by line : art III, line 15 me Percentage	284,117  284,117  67,674  268,649  7,330,218  third, fourth, or fi	7,052,273 269,721 269,721 57,854 334,163 7,714,011 Ifth tax year as a	7, 501(c)(3	264,090 264,090 38,172 315,646	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199  zation,  91 769 %
9 0a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Publ Public support percentage from 201  ection D. Computation of Inve	70,224  70,224  70,224  70,224  70,02,076  or the organization  ic Support Performance (line 8, column (1 Schedule A, Patental Incomposition)  estment Incomposition (1 line 10 c, column)	265,668  265,668  45,649  338,454  7,459,864  on's first, second, ercentage f) divided by line is art III, line 15 me Percentage plumn (f) divided by	284,117  284,117  67,674  268,649  7,330,218 third, fourth, or fill 13, column (f))	7,052,273 269,721 269,721 57,854 334,163 7,714,011 Ifth tax year as a	7, 501(c)(3	264,090 264,090 38,172 315,646	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199  zation,  91 769 %
9 0a b c 111 12 13 14 <u>Se</u> 15 16 <u>Se</u> 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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 ) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Publ Public support percentage from 201 ection D. Computation of Inve	70,224  70,224  70,224  0  413,374  7,002,076  or the organization ic Support Per (line 8, column ( 1 Schedule A, Par estment Inco 2012 (line 10 c, co	265,668  265,668  45,649  338,454  7,459,864  on's first, second, ercentage f) divided by line : art III, line 15 me Percentag olumn (f) divided by A, Part III, line 1	284,117  284,117  67,674  268,649  7,330,218  third, fourth, or fill  13, column (f))  1e  by line 13, column	7,052,273  269,721  57,854  334,163  7,714,011  Ifth tax year as a	7, 501(c)(3 15 16 17 18	264,090 264,090 38,172 315,646 347,030 3) organi	33,819,744  1,153,820  0  1,153,820  209,349  1,670,286  36,853,199  zation,  91 769 %  91 063 %  3 131 %  3 846 %

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493014011884

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization DS-INTERNATIONAL CENTRE FOR		Employer identification number					
	FRACTION DATA		23-1722541					
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		nds or Accounts. Complete if the					
		(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 advisor funds are the organization's property, subject to the or		radvised <b>Yes No</b>					
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?							
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.					
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of an I Preservation of a co	ertified historic structure					
	easement on the last day of the tax year	_						
	Total number of conservation easements	-	Held at the End of the Year					
a		-	2a					
b	Total acreage restricted by conservation easements	aria atriuatura ingludad in (a)	2b					
C	Number of conservation easements on a certified histo	· · · ·	2c					
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	L	2d					
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminated	by the organization during					
	the tax year ▶							
4	Number of states where property subject to conservat	ion easement is located ►	_					
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ing of violations, and <b>Yes No</b>					
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year					
	A mount of expenses incurred in monitoring, inspecting	and enforcing concervation eacoments	during the year					
7	►\$	, and emorcing conservation easements	during the year					
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)					
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial s						
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y		r Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	r research in furtherance of public					
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$					
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		'					
а	Revenues included in Form 990, Part VIII, line 1	· -	<b>►</b> \$					

**b** Assets included in Form 990, Part X

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal Tr</u>	<u>easu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar As</u>	ssets (d	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, ch	neck	any of t	the follo	wing that a	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o								ıılar	_	_
	assets to be sold to raise funds rather than t								"	┌ Yes	☐ No
Par	Part IV, line 9, or reported an an	ount on Form 99	90, Pa	art X	, line	21.				990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets i	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		г				
_							F		A	mount	
C	Beginning balance							1c			
d	Additions during the year						F	1d			
e	Distributions during the year						F	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	1						│ Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		Mer Prior y					<u>t IV, line 10.</u> Three years back	(a)Four	years back
1a	Beginning of year balance	599,814	(6)		600,850		596,332	+	495,382		505,824
ъ	Contributions	1,000			1,050		. (		125,950		14,558
c	Net investment earnings, gains, and losses										<u> </u>
_		26,164 32,500			30,414 32,500		37,018 32,500	-	30,367 25,000		25,000
d	Grants or scholarships	32,300			32,300		32,300		23,000		
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	594,478			599,814		600,850		626,699		495,382
2	Provide the estimated percentage of the curr	ent year end baland	ce (lın	ne 1g	, colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	0 650 %									
b	Permanent endowment ► 99 350 %										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	d and a	dministere	d for	the		
	organization by								<u></u>	Yes	_
	(i) unrelated organizations			•		• •		•	3a 3a	(i)   (ii)	No No
ь	If "Yes" to 3a(II), are the related organization							٠.	<u></u>	b	1
4	Describe in Part XIII the intended uses of th								<u> </u>	<u> </u>	
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	0, Pa	irt X	, line 1	10.					
	Description of property				) Cost or is (inves		(b)Cost or o basis (other		(c) Accumulate depreciation	d <b>(d)</b> E	Book value
1a	Land						884	,477			884,477
b	Buildings						3,620	,141	1,597,6	92	2,022,449
c	Leasehold improvements										
d	Equipment						838	,286	788,6	98	49,588
	Other						1,186	,404		80	69,924
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part 2	X, colu	ımn (	B), line	10(c).)			🛌		3,026,438

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests	+	
Other		
	+	
	+	
<b>-</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		·
	+	
	1	
	+	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	+	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, II  (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  5.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  5.)  X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes	ne 15. ption  5.)  X, line 25.  (b) Book value  0	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Part IX Other Assets. See Form 990, Part X, II  (a) Description  Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME  OTHER LIABILITIES	ne 15. ption  5.)  X, line 25.  (b) Book value  0  11,141,513  1,039,638	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	ne 15. ption  5.)  X, line 25.  (b) Book value  0 11,141,513	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er F	Return
1	Total revenue, gains, and other support per audited financial statements	1	7,992,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	635,203
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,357,517
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 )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	7,357,517
Part 2	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	pei	Return
1	Total expenses and losses per audited financial statements	1	8,489,309
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,489,309
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,489,309

### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Form 990, schedule D, Part V line 4		The fund was established to promote the collection and evaluation of powder diffraction data The Fund sponsors suitable research projects for the improvement, development, and utilization of diffraction data
Form 990, Schedule D, Part X, Line 2		In accordance with Accounting Standards Codification (ASC) 740, Accounting for Uncertainty in Income Taxes, management evaluates the tax positions taken or expected to be taken during the preparation of the International Centre's tax returns to determine whether its tax positions are more-likely-than-not of being sustained upon examination by the applicable tax authority Management believes any such positions would be immaterial to the financial statements

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As Filed Data -

DLN: 93493014011884

OMB No 1545-0047

No

SCHEDULE F (Form 990)

Department of the Treasury

### 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.

Open to Public

**Inspection** 

Internal Revenue Service Name of the organization JCPDS-INTERNATIONAL CENTRE FOR

**Employer identification number** 

23-1722541

**DIFFRACTION DATA** Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part IIII 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.

	<del></del>			<del></del>	<del></del>	<del></del>	<del></del>
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data						 [	
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### Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Γ	Yes	⊽	Νo
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)	Г	Yes	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	<u> </u>	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).	Г	Yes	<u> ~</u>	Νo

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 (see instructions).

Identifier	ReturnReference	Explanation
LINE 2	procedures for monitoring the use of grants	The ICDD extends financial support to qualified investigators, in the form of grants-in-aid awarded on a competing proposal basis, for the preparation of reference X-ray powder diffraction data. All applications for grants-in-aid are reviewed by a Grant-in-Aid Committee. The goal of the GIA Committee is to maximize the number and quality of patterns that are produced through the program and accepted for inclusion in the PDF. Priority is given to reference patterns expected to be of most interest and value to current and future PDF users. GIA patterns should be well-characterized single phases. Indexing should be a necessary requirement in all but the rarest and best defended cases. Local economic conditions are factored in the reasonableness of the expected cost per pattern. Renewals are considered only if the stated scientific goals were achieved within the stated deadlines. Submissions are monitored, in both number and quality, by the Grant Coordinator and ICDD Editors. Mid-term and final reports are required and reviewed by the Editor-in-Chief.

### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1722541

Name: JCPDS-INTERNATIONAL CENTRE FOR

DIFFRACTION DATA

TOTAL PRO CONCUMENT 1	<del></del>		<del></del>	<del>445.44 1110 0 0 0</del>			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
X-ray Diffraction Patterns of Metallocarboranes	Russia & Newly Indep States	1	1,500	WIRE TRANSFE		N/A	N/A
X-ray Dıffraction Patterns of Inorganic and Organi	Russia & Newly Indep States	2	9,000	WIRE TRANSFE		N/A	N/A
Powder Dıff Patterns of Metal-Organıc Framework Mt	Europe	1	1,575	WIRE TRANSFE		N/A	N/A
Powder Diffraction Patterns of Inorganic and Hybri	Oiffraction Patterns Europe 1 1,215 WIRE TRANSFE				N/A	N/A	
Complex Inorganic Salts Based on Tetrahedrally-coo	Russia & Newly Indep States	1	500	WIRE TRANSFE		N/A	N/A
Powder Patterns for Ceramics, Functional Materials	Russia & Newly Indep States	1	22,800	WIRE TRANSFE		N/A	N/A
Powder Patterns for Ceramics, Functional Materials	Russia & Newly Indep States	1	10,800	WIRE TRANSFE		N/A	N/A
X-ray Diff Patterns of New Coumarin Derivs, Import	Russia & Newly Indep States	1	625	WIRE TRANSFE		N/A	N/A
X-ray Diffraction Patterns for Pharmaceuticals and	on Patterns for Russia & Newly 1 4,313 WIRE TRANSFE N/A		N/A	N/A			
Powder Diff Patterns of Organic Compounds, Complex	East Asia and Pacific	2	4,975	WIRE TRANSFE		N/A	N/A

i orini 990 Schedule i P	art III - Grants a	iu Assistant	E to Illuividuals C	Jutiside Tile 0.3			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Quality Powder Patterns of Inorganic Functional Ma	East Asia and Pacific	1	2,500	WIRE TRANSFE		N/A	N/A
Guinier Patterns of Eight Organic Compounds	Russia & Newly Indep States	1	1,280	WIRE TRANSFE		N/A	N/A
Standard X-ray Powder Diffraction Data of New Diel	East Asia and Pacific	2	10,781	WIRE TRANSFE		N/A	N/A
XRPD Patterns of New Intermetallic Compounds	[Kussia & Newly Ilidep]		N/A	N/A			
Complex Rare Earth Compounds and Chalcogenides	Russia & Newly Indep 2 4,140 WIRE TRANSFE States			N/A	N/A		
X-ray Pdr Patterns of Salts of Acids w/ Nitrogen C	Europe	1	1,125	WIRE TRANSFE		N/A	N/A
XRD Data of Rare Earth Compounds	East Asia and Pacific	1	750	WIRE TRANSFE		N/A	N/A
Investigation on the XRD Data of Rare Earth Compou	East Asia and Pacific	1	1,500	WIRE TRANSFE		N/A	N/A
X-ray Dıff Patterns of Complex Metal Oxides with U	Russia & Newly Indep States	1	2,275	WIRE TRANSFE		N/A	N/A
Ferroelectric Complex Oxides with Magnetic Orderin	Russia & Newly Indep States	1	6,855	WIRE TRANSFE		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U.S.									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
Crystal Structure of Complex Perovskites	S Asıa & Sub- Saharan Afrıca	1	500	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of Triple Molybdates	Russia & Newly Indep States	2	2,100	WIRE TRANSFE		N/A	N/A		
Multicomponent Oxides Made by Sol-Gel Techniques	Europe	1	3,000	WIRE TRANSFE		N/A	N/A		
Production of Reference Powder Patterns of Known a	Russia & Newly Indep States	1	18,000	WIRE TRANSFE		N/A	N/A		
X-ray Diffraction Patterns of Bi-Nuclear Heteromet	Russia & Newly Indep States	2	2,650	WIRE TRANSFE		N/A	N/A		
XRPD Characterization of New Inorganic-Organic Com	Europe	1	2,500	WIRE TRANSFE		N/A	N/A		
XRPD Investigations of MeX2-2(R-NH2) and MeX2 (NH2-	Europe	1	6,000	6,000 WIRE TRANSFE		N/A	N/A		
Powder Patterns of Organic Phases with 3d Atomic C	East Asia and Pacific	1	18,900	WIRE TRANSFE		N/A	N/A		
Powder Patterns of Organotin (IV) Compounds	Europe	1	600	WIRE TRANSFE		N/A	N/A		
Rare Earth Intermetallic Compounds	Russia & Newly Indep States	1	5,120	WIRE TRANSFE		N/A	N/A		

Form 990 Schedule F Part III - Grants and	Assistance to Individuals Outside The U S
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I Of the 330 Schedule 1 F	ait III Giants a	id Assistant.	5 to Individuals o	<del>Jutistice Title 0.5</del>			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
Powder Patterns of Bioactive Organic Phases	East Asia and Pacific	1	14,700	WIRE TRANSFE		N/A	N/A
D 1 D ((D 1 CA)	S Asia & Sub- Saharan Africa	1	2,500	WIRE TRANSFE		N/A	N/A
X-ray Diffraction Patterns of Inorganic Compounds	Europe	1	500	WIRE TRANSFE		N/A	N/A
C+	indistrict and indept in the state of the st			N/A	N/A		
0	Russia & Newly Indep States	1	500	WIRE TRANSFE		N/A	N/A
O	Russia & Newly Indep States	1	6,188	WIRE TRANSFE		N/A	N/A
Powder XRD Ref Pattern Product of Some NZP & Pero	S Asıa & Sub- Saharan Afrıca	1	625	WIRE TRANSFE		N/A	N/A
New Complex Chalcogenides	Russia & Newly Indep States	1	3,960	WIRE TRANSFE		N/A	N/A
D D	Russia & Newly Indep States	1	12,049	WIRE TRANSFE		N/A	N/A
D ((	Russia & Newly Indep States	1	18,600	WIRE TRANSFE		N/A	N/A

TOTHI 330 Belledale 1 1	art III Grants a	.iu Assistante	C to Individuals o	atside inc o o			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Powder Patterns with Digitized Data and 3d Atomic	East Asia and Pacific	1	17,775	WIRE TRANSFE		N/A	N/A
	Russia & Newly Indep States	1	1,800	WIRE TRANSFE		N/A	N/A
D Mt-II	Industria with the second of t		N/A		N/A		
To be some a bellier of a man a complete	Russia & Newly Indep States	2	7,043	WIRE TRANSFE		N/A	N/A
X-ray Powder Diffraction Patterns of New Transitio	East Asia and Pacific	1	3,750	WIRE TRANSFE		N/A	N/A
Chalassandas	Russia & Newly Indep States	1	625	WIRE TRANSFE		N/A	N/A
Powder Diff Patterns of Organic Compounds, Complex	East Asia and Pacific	2	16,333	WIRE TRANSFE		N/A	N/A
	Russia & Newly Indep States	2	3,960	WIRE TRANSFE		N/A	N/A

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

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

OMB No 1545-0047

DLN: 93493014011884

Open to Public

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service  Name of the organization			Attach to Form 990			Employer identification	Inspection
JCPDS-INTÉRNATIONAL CENTRE	FOR					23-1722541	
DIFFRACTION DATA  Part I General Information	on on Grants and	l Assistance					
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance <sup>?</sup>					▽Yes □N
				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other org</li></ul>						_	
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) Reference X-ray Patterns of Technologically Import	2	13,250		n/a	N/A
(2) Powder Diffraction Patterns of Functional Molecula	1	1,055		n/a	n/a
(3) Additional patterns submitted	3	62,860		n/a	n/a

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Part 1 Line 2	Procedures for Monitoring the Use of Grants	The ICDD extends financial support to qualified investigators, in the form oY grants-in-aid awarded on a competing proposal basis, for the preparation of reference X-ray powder diffraction data. All applications for grants-in-aid are reviewed by a Grant-in-Aid Committee. The goal of the GIA Committee is to maximize the number and quality of patterns that are produced through the program and accepted for inclusion in the PDF. Priority is given to reference patterns expected to be of most interest and value to current and future PDF users. GIA patterns should be well-characterized single phases. Indexing should be a necessary requirement in all but the rarest and best defended cases. Local economic conditions are factored in the reasonableness of the expected cost per pattern. Renewals are considered only if the stated scientific goals were achieved within the stated deadlines. Submissions are monitored, in both number and quality, by the Grant Coordinator and ICDD Editors. Mid-term and final reports are required and reviewed by the Editor-in-Chief.

DLN: 93493014011884

OMB No 1545-0047

Inspection

Open to Public

**Schedule J** (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Department of the Treasury Part IV, question 23. Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization JCPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA

**Employer identification number** 

23-1722541

Pa	rt I Questions Regarding Compensat	tion				
					Yes	No
1a			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b		
2	Did the organization require substantiation prior directors, trustees, and the CEO/Executive Dire			2		
3	Indicate which, if any, of the following the filing o organization's CEO/Executive Director Check a used by a related organization to establish comp	II that apply				
	▼ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-cont	rol paymen	t?	4a		No
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity	y-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	d provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	n A , line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	n A , line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			7		No
8	Were any amounts reported in Form 990, Part VI	I, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception describe		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow section 53 $4958-6(c)$ ?	the rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)TIMOTHY FAWCETT EXECUTIVE DIRECTOR	(i) (ii)	252,101	0	0	0	0	252,101 0	0
(2)THERESA MAGUIRE CORPORATE SECRETARY	(i) (ii)	131,453	0	0	17,824	12,672	161,949	0
(3)CYRUS CROWDER PRINCIPLE SCIENTIST	(i) (ii)	153,893	0	0	20,775	12,980	187,648	0
	(i) (ii)		o	0	17,123	12,606	156,791	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493014011884

SCHEDULE O (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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization
JCPDS-INTERNATIONAL CENTRE FOR
DIFFRACTION DATA

Employer identification number

23-1722541

ldentifier	Return Reference	Explanation
FORM 990, PART VI LINE 6		The membership of International Centre for Diffraction Data ("ICDD") shall consist of two classes, Active Members and Associate Members (collectively, the "Members") Members shall be elected by ICDD Board of Directors ("Board of Directors" or "Board")
Form 990, Part VI Line 11b		Draft copies of the 990 and 990T are sent electronically to the board approved committee (audit review committee) to review prior to filing. The committee is made of up of three members of the board of directors Chairman of the Board, Chairman of the Technical Committee and Treasurer.
Form 990, Part VI, Line 12C		Forms are distributed by the corporate secretary each year for signature to officers, directors, and employees They are reviewed for conflict and filed at ICDD Headquarters administrative files and in Employee's personnel file All are required to comply with Policy number 109 of the ICDD employee manual
form 990, PART VI, LINE 15a & 15b		To monitor compensation for all employees as well as the Executive Director, ICDD participates and receives several surveys throughout the year. The groups that sponsor these surveys are collecting information from other organizations related to ICDD in terms of type (non-profit), size and scientific organization. To ensure that the salaries are compared equally, ICDD maintains job descriptions and salary scales for each position offered. This information is verified annually to ensure we are keeping up with current trends and benchmarks.
Form 990, PART VI LINE 19		All conflict of interest documents and financial reports are maintained at the ICDD Headquarters. They are available for the members and the general public to review at anytime during ICDD business hours.
Form 990, Part XI, Line 5		Other changes in net assets or fund balance Pension - Related changes other than net periodic pension costs \$892,692