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Internal Revenue Service

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

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

Inspection

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

Open to Public ...

OMB No 1545-0047

A F	or the	2011 calendar year, or tax year beginning and end	ling		
Bc	heck if	C Name of organization		D Employer identific	ation number
	Addres	FRIENDS OF IR DAVID, INC.			
	Name change			11-34	166176
	]Initial  return  Termin	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
<u> </u>	Jated ∃Amend	375 BEAINGTON AVENUE, 4111 FBOOK			537-9260
<b> -</b>	retum Application	City or town, state or country, and ZIP + 4		G Gross receipts \$	6,423,992
_	Jtion pendin	F Name and address of principal officer:MOSHE BILLET		H(a) is this a group ref	tum Yes XN
		SAME AS C ABOVE		H(b) Are all affiliates incl	
IT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 1	527	1 ' '	list. (see instructions)
		e: ▶ N/A		H(c) Group exemption	number >
		organization: X Corporation	L Year	of formation: 1998 M	State of legal domicile: 1
Pa		Summary	3 min	A CHARTMANT	HIDID MO
çe	1	Briefly describe the organization's mission or most significant activities: TO CRE. PROVIDE FINANCIAL AID AND OTHER REASONABLE	ATE	A CHARITABLE	SENERTY THE
Activities & Governance		Check this box If the organization discontinued its operations or disposed			
over		Number of voting members of the governing body (Part VI, line 1a)	OI IIIOI G	3	3613.
ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
es &		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
iviti	6	Total number of volunteers (estimate if necessary)		6	
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	(
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
		One-twick strong and grants (Dark VIII line 4 h)	-	Prior Year 5,497,721.	Current Year 6 , 4 2 3 , 7 5 2
- 9.		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	=	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	8.	140
ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	9!
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,497,729.	6,423,992
	13	Grants and similar amounts paid (Part IX, coloring (A) [1] (A) [1] (A)		4,647,270.	7,080,000
	14	Benefits paid to or for members (Part IX _column (A), line 4)		0.	(
ses	15	Salaries, other compensation, employee benefits (Part IX, column (AWines 5-10)		0.	26,960
Expenses		Professional fundraising fees (Part IX, Column (A)) line 14 e 2013  Total fundraising expenses (Part IX, Column (D), line 25)			
N N		Other expenses (Part IX, column (A), lines Than 11 (24e)	•	58,495.	81,443
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	4,705,765.	7,188,409
		Revenue less expenses. Subtract line 18 from line 12		791,964.	<764,41
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	ļ	986,743.	237,451
et G		Total liabilities (Part X, line 26)		5,418.	20,543
죔	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	l	981,325.	216,908
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	d statem	ents, and to the best of my	knowledge and helief it
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which		-	omoogo and bollol, It
		Moser Gillet	<u> </u>	<del></del>	2013
Sigr	,	Signature of officer		Date C	
Here	Э	MOSHE BILLET, EXECUTIVE DIRECTOR			
		Type or print name and title		Date Check	I PTIN
Paid		Print/Type preparer's name  LAWRENCE ROZANSKI		/e// 3   i   -	
	arer	Firm's name LOEB & TROPER LLP		Firm's EIN ▶	13-1517563
	Only	Firm's address 655 THIRD AVENUE, 12TH FLOOR			
_	•	NEW YORK, NY 10017_		Phone no. (2	212) 867-400
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes N
13200	01 01-2				Form <b>990</b> (20
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STA	TEME	NT CONTINUA	rion

Form 990 (2011) FRIENDS OF IR DAVID, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.	,		ļ <sup>*</sup>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			<b>.</b>
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		_x_
	_assets_reported_in_Part X, line_16?_ <i>lf_"Yes," complete_Schedule_D, Part_VIII_</i> 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	_1 <u>1</u> 0_		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		$\vdash$
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	i
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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	X	ļ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
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	<b></b>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_	<del> </del> -	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ [		<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
20-	complete Schedule G, Part III	19	<del>                                     </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	├	<del>  ^</del>
D	ir res to line zoa, dio the organization attach a copy or its addited imanicial statements to this return?		990	(2011)
		1 00111		(としょし)

Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, committed, New Year, complete Schedule I, Parts and III 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 If Yes, complete Schedule I, Parts I and III 23 Dut the organization answer Year to Part IVI, Section A, Iline 3, 4, of sabout compensation of the organization sourcent and Commer officers, directorion, trustees, key employees, and highest compensated employees? If Yes, 'complete Schedule I, Part I III III III III III III III III III				Yes	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), the 2t If Yes, complete Schedule I, Parts I and III.  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, flustess, key employees, and highest compensated employees? If "Yes," complete Schedule IX If Yes, "complete Schedule IX If Yes," to 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 assued after December 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule IX If "No." go to line 25  24a Did the organization have a san "on behalf of" issuer for bonds outstanding at any time during the year of the organization maintain an ascrow account other than a refunding escrow at any time during the year?  25b Did the organization and so as in "on behalf of" issuer for bonds outstanding at any time during the year?  26c Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year?  27c Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Section 50 (to(3) and 50 (to(4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction ware to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and the person and the substantial contributor or endage in any transaction with one of the following parties (see Schedule L, Part II) and the o	21	· · · · · · · · · · · · · · · · · · ·			٠,,
column (A), line 2? II "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, of 5 about compensation of the organization's current and former officers, directors, rustess, key employees, and highest compensated employees? If "Yes," complete Schedule I and to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule I, "Part I in the organization in west any proceeds of tax exempt bonds exemption on the organization in west any proceeds of tax exempt bonds exemption on the organization meant an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24e	00	•	21		<u> </u>
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 I. I "No", continue I "Schedule II", continue II", continue I "Schedule II", continue I "Schedule II", continue II", contin	22				v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J    23	23	• • •	<del></del>		
Schedule J 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 b Did the organization mantain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization mantain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the disqualified person during the year? If "Yes," complete Schedule L. Part If yes, complete Schedule L. Part If	20	· · · · · · · · · · · · · · · · · · ·			
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", yo to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization are acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d			23		x
stat 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  b) Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  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?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction by the price of any of the organization and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a controlled entry the year?  D) Did the organization price office, director, trustee	24a		<u> </u>		
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any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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 X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  25b X  25c X  25d X  2	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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 X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b X  25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," organization with one of the following parties (see Schedule L, Part IV 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 X  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 30 X  32 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," com	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)[3] and 501(c)[4] organizations. Did the organization engage 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 sware 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-E27 If "Yes," complete Schedule L, Part I 25b X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a. A. A. current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X  30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 X  31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 X  32 Did the organization own 100% of an entity disregarded as separate from the organiza			24c		
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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-E2? If "Yes," complete Schedule L, Part II 25b X  25b X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a. A. current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b — X.—  b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b — X.—  c. An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 X X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M X X X X X X X X X X X X X X X X X X	25a				
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I    25b			25a		<u>X</u>
Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  25	b				
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 27b X 27b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 300 X X 27b Did the organization includidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.29 and 301.7701.39 If "Yes," complete Schedule R, Part I 34 X X 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 18 Yes," complete Schedule R, Part V, Iine 2 35b X X 35b Did the organization conduct more than 5% of its activities through an entity that is not a rela					v
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25	26	·	255		
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Note. All Form 990 filers are required to complete Schedule O	38	·	3,		<del></del>
			38	x	
					2011)

Par	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 2		,	_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		´-	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	•	1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				X
	any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL		
-	were not tax deductible?	6b		
7	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	·	Ŷ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del> -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del></del>		
·	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		٠.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	ļ		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		- '	, ~
a	Did the organization make any taxable distributions under section 4966?	9a		
	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			·-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	. 1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  11b	100		,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	a		$\vdash$
h	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,		1
	organization is licensed to issue qualified health plans			1
	Enter the amount of reserves on hand			ĺ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u> </u>	, , , , , , , , , , , , , , , , , , , ,		000	

Form 990 (2011) FRIENDS OF IR DAVID, INC. 11
Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below. 11-3466176 Page 6

Fai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO I	espuii	3 <b>e</b>
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 5			
	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.			İ
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 5	١.	-	- 5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		\ <u>~</u> .	-0
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			.,
	persons other than the governing body?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	7,7	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١ ـ		v
~	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	- N-
40-	Did the average have local chapters by pales as office to 2	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	iua		<del></del>
D_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	'
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,		
·	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ļ		
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b	<u> </u>	
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website LX Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.	.A		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MOSHE BILLET - 212-537-9260	ition:	_	
13200	575 LEXINGTON AVENUE, 4TH FLOOR, NY, NY 10022		000	
01-23-	12	Form	990	(2011)

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

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

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

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

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

Check this box if neither the organization n (A)	(B)	(C)					isai	(D)	(E)	(F)
Name and Title	Average	١		Posi	tion	1		Reportable	Reportable	Estimated
Name and Tide	hours per	l box	. unle	ss pe	rson i	than is bot	h an	compensation	compensation	amount of
	week	offic	er an	dad	recto	r/trus	tee)	from	from related	other
	(describe	ctor						the	organizations	compensation
	hours for	trustee or director				ited		organization	(W-2/1099-MISC)	from the
	related	stee (	ruste			bensa		(W-2/1099-MISC)		organization
	organizations	멸	onal		ploye	E s				and related
	in Schedule O)	Individual t	nstituti	Officer	Key employee	Highest compensated employee	former			organizations
(1) SAADIA SHAPIRO					_		_			_
PRESIDENT	3.00	X	L	X				0.	0.	0.
(2) HARRY BILLET									_	
SECRETARY	3.00	Х		X				0.	0.	0.
(3) DAVID BEERI				1		L_				
BOARD MEMBER	1.00	Х					L	0.	0.	0.
(4) YEHUDA MALY	1 00							0.	0.	0.
BOARD MEMBER	1.00	X	-			-	<u> </u>	0.	0.	0.
(5) BARRY LIBERMAN	1 00	х				İ		0.	0.	0.
BOARD MEMBER (6) MOSHE BILLET	1.00	^	┝			┝	$\vdash$	0.	0.	
EXECUTIVE DIRECTOR AND ASSOCIATE SEC	15.00			X	1	l		25,000.	0.	0.
EXECUTIVE DIRECTOR AND ASSOCIATE SEC	13.00	-	-	Ĥ	⊢	╁		23,000.		
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400007 04 03 43	<del>1</del>	Ь.	_	Щ-	Щ.		Ь	<del></del>	·	Form <b>990</b> (2011)

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Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	es, a	nd	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			•	C)			(D)	(E)		(F)		
	Name and title	Average	(do		Pos heck		) ethan	one	Reportable	Reportable		Es	tımate	ed
		hours per week	Ьох	, unle	ss pe	rson	is bot or/trus	th am		compensatio			nount	
		(describe	⊢				T	Γ,	from the	from related			other	
		hours for	direct				_		1	organization: (W-2/1099-MiS			pensa om th	
		related	9	stee			Sate		(W-2/1099-MISC)	(** 27 1000 11110	,,,		anızat	
		organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee						d relat	
		in Schedule	Mdua	teto	   <u> </u>	Key employee	le st c	횰				orga	anızatı	ons
		O)	皇	Inst	Officer	Æ	皇島	퉏						
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				_	<u> </u>	_		_						
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						<del>                                     </del>	┢	l		<del></del>	$\neg$			
	******													
	Sub-total								25,000.		0.			0.
	Total from continuation sheets to Part V	II, Section A	-		-				<u> </u>		_0_•	<del></del> -		0.
	Total (add lines 1b and 1c)					. :			25,000.		0.			0.
2	Total number of individuals (including but n	iot ilmited to tr	iose	IISTE	ed a	DOV	e) wi	no r	eceived more than \$100	,uuu ot reportabl	e			0
	compensation from the organization	·							<del></del>				Yes	No
3	Did the organization list any former officer,	director or tra	iste	e ke	v er	nnle	nvee	or	highest compensated e	mnlovee on				
	line 1a? If "Yes," complete Schedule J for s			٥, ٨٠	,, 0,		,,,,	, 0.	mgmoot componiated c	mployee on		3		х
4	For any individual listed on line 1a, is the su			gmo	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	•							•			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y uni	elat	ted organization or indiv	idual for services		,		
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son					5		Х
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npens	ation 1	rom	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthir	n the organization's tax	year.				
	(A) Name and business	addrass	3.77	<b>~</b> ****	7			1	(B)		0	) (C		_
	Name and business	address	IN	INC	<u>.                                    </u>			-	Description of s	services		ompe	nsatio	
								- 1						
•								$\dashv$						
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	<del></del>							┪				-		
								1		ļ				
				-					<u> </u>					
2	Total number of independent contractors (i	ncluding but r	ot l	mıte	d to	the	se li	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organi						0							
		_										Form	990 (	2011)

#### 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) but are not required to complete columns (B), (C), and (D).

com	olete columns (B), (C), and (D).				
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				٠,٠
	organizations in the United States. See Part IV, line 21	_		_ •	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		:		•
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the				•
	United States. See Part IV, lines 15 and 16	7,080,000.	7,080,000.		- •
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25,000.	2,500.	22,500.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				<del>-</del>
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,966.	197.	1,769.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	****		T.	
С	Accounting	31,221.		31,221.	
d	Lobbying_				
e	Professional fundraising services. See Part IV, line 17			<del></del>	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	33,101.		33,101.	
14	Information technology	_			
15	Royalties				
16	Occupancy	380.		380.	
17	Travel	14,090.			14,090.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	291.		291.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	2,360.		2,360.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,188,409.	7,082,697.	91,622.	14,090.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	Check here If following SOP 98-2 (ASC 958-720)		_		

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Form 990 (2011)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	972,326.	1	224,469.
	2	Savings and temporary cash investments	14,417.	2	12,982.
	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net		4	
ĺ	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			<u> </u>
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary	,		
- 1		employees' beneficiary organizations (see instructions)	•	6	-
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
- 1	11	Investments - publicly traded securities		11	<del></del>
ŀ	12	Investments - other securities. See Part IV, line 11	· <del>-</del> . · · · · · · · · · · · · · · · · · ·	12	<del></del>
	13	Investments - program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets	<del> </del>	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	986,743.	16	237,451.
$\dashv$	17	Accounts payable and accrued expenses	3007.201	17	15,985
	18	Grants payable	-	18	20/300.
	.19 _	Deferred revenue	·	19	
-	20	Tax-exempt bond liabilities		20-	
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			<del></del>
		highest compensated employees, and disqualified persons. Complete Part II			*
ן בֿ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 D	5,418.	25	4,558.
	26	Total liabilities. Add lines 17 through 25	5,418.	26	20,543.
-		Organizations that follow SFAS 117, check here   X and complete	0,2201	20	20/010
ا ي		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	981,325.	27	216,908.
alar 	28	Temporarily restricted net assets		28	
ř	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here		20	
<u> </u>		complete lines 30 through 34.			
130	30	Capital stock or trust principal, or current funds		30	
es	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž	32	Retained earnings, endowment, accumulated income, or other funds	·	32	
Net Assets or Fund Balances	32 33	Total net assets or fund balances	981,325.	33	216,908.
Z I				. JJ I	440.300.

Form 990 (2011)

Forn	1990 (2011) FRIENDS OF IR DAVID, INC.	11-3	466176	Pa	<sub>ge</sub> 12
Pa	rt*XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		-		
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	6,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,18	8,4	09.
3	Revenue less expenses. Subtract line 2 from line 1	3	<76	4, 4	<u> 17.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98:	1,3	25.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21	5,9	08.
Pa	rtXIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>LX</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	, ,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			İ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			l
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			l
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis			.	`
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			l
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	<b>990</b> (	2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public Inspection 4

Name of the organization

FRIENDS OF IR DAVID.

**Employer identification number** 

11-3466176 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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. ∟ Type I b Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (ill) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. (i) organized in the in col. (i) listed in your organization in col. organization support (described on lines 1-9) governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Nο Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,038,489.	4,055,765.	2,984,853.	5,497,721.	6,423,751.	22,000,579.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			_			_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,038,489.	4,055,765.	2,984,853.	5,497,721.	6,423,751.	22,000,579.
5	The portion of total contributions		1		, , ,	5	
	by each person (other than a			,	, "	*,	
	governmental unit or publicly				* * * * * * * * * * * * * * * * * * * *		
	supported organization) included	, ,	* ~ .	, ,		7 - 5	
	on line 1 that exceeds 2% of the		San San			1 8 mg	
	amount shown on line 11,		3.5		, •		
	column (f)	New Arra	age to the	, , , , ,			4,802,846.
6	Public support. Subtract line 5 from line 4	, ->			` .	- (	17,197,733.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	3,038,489.	4,055,765.	2,984,853.	5,497,721.	6,423,751.	22,000,579.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	88.	159.		8.	146.	401.
9	Net income from unrelated business						_
	activities, whether or not the				'		
	business is regularly carried on						
10	Other income. Do not include gain					···	<del>, -</del>
	or loss from the sale of capital						
	assets (Explain in Part IV.)					95.	95.
11	Total support. Add lines 7 through 10	,	, ,	,	,		22,001,075.
12	Gross receipts from related activities,	etc. (see ınstructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here .					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f))	•	14	78.17 %
	Public support percentage from 2010			•		<del></del>	100.00 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			$\triangleright [X]$
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	•	- · · ·		-		
17a	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and <b>stop</b> h	i <b>ere.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		. ▶∟
b	10% -facts-and-circumstances tes	t - 2010. If the org	ganization did not i	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-cire						▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟
					Sche	edule A (Form 990	or 990-EZ) 2011

# 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.)

Section A. Public Support	iow, picase com	piete i art ii.)	· ·	<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 7	1	
membership fees received. (Do not					}	
include any "unusual grants.")						,
2 Gross receipts from admissions,	<del></del>					
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			ļ	·	<del>- </del>	
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to			İ			
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<u> </u>	<u></u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				1		
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received	•					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	A-			Ì		
8 Public support (Subtract line 7c from line 6)			,		·	
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,	-					
dividends, payments received on			1	1		
securities loans, rents, royalties and income from similar sources				1		
b Unrelated business taxable income						
(less section 511 taxes) from businesses		ļ				
acquired after June 30, 1975			ļ			
c Add lines 10a and 10b		<del>                                     </del>				
11 Net income from unrelated business		<del>                                     </del>		<del> </del>		
activities not included in line 10b,				1		
whether or not the business is		1			}	
regularly carried on  12 Other income. Do not include gain		<del> </del>		<del>                                     </del>		<u> </u>
or loss from the sale of capital						
assets (Explain in Part IV.)		ļ	<del> </del>	<del>                                     </del>		
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	1	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Public	Support D	recentage			<u> </u>	
			actume (ft)		15	
Public support percentage for 2011 (lir			column (i))			9
6 Public support percentage from 2010 Section D. Computation of Inves			··· <u> </u>	<del></del>	16	
	•				17	
Investment income percentage for 201			rie 13, column (i))		18	
IB Investment income percentage from 2			on line 14 and he	0 15 to more th		
19a 33 1/3% support tests - 2011. If the d						IT IS HOL
more than 33 1/3%, check this box an	-	•		• •		
b 33 1/3% support tests - 2010. If the c	•					
line 18 is not more than 33 1/3%, chec			•		. •	╵┈╏┾
20 Private foundation If the organization	and not chack s	2 DAY AN IINA 1/1 10	ia arīun chackt	DIE DAY 204 CAA (	DETRICTIONS	<b>—</b> I

#### **SCHEDULE D**

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

**Employer identification number** 

-	FRIENDS OF IR DAVID, IN		11-3466176				
Pa		is or Other Similar Funds or a	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line 6.	a) Donor advised funds					
	(8	(b) Funds and other accounts					
1	Total number at end of year		· <del>-</del> · · · · · · · · · · · · · · · · · · ·				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised fu	nds				
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	only				
	for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any other purpose confe	erring				
	Impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, Part IV	/, line 7.				
1	Purpose(s) of conservation easements held by the organization (check	call that apply).					
	Preservation of land for public use (e.g., recreation or education	Preservation of an historica	ally important land area				
	Protection of natural habitat	Preservation of a certified I	nistoric structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a c	conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c				
d	_Number_of_conservation_easements_included_in_(c)_acquired_after_8/17						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, ex	ctinguished, or terminated by the orga	anization during the tax				
	year ▶						
4	Number of states where property subject to conservation easement is	located >					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the y	/ear ▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(	(B)(i)				
	and section 170(h)(4)(B)(ii)? Yes						
9	In Part XIV, describe how the organization reports conservation easen	nents in its revenue and expense state	ement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization's final	ncial statements that describes the o	rganization's accounting for				
	conservation easements.	<del> </del>					
Pai	t III Organizations Maintaining Collections of Art, H	•	Similar Assets.				
	Complete if the organization answered "Yes" to Form 990, Part						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	ot to report in its revenue statement a	and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that describes these	e items.					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public s	ervice, provide the following amounts				
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical treasures, o		, provide				
	the following amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		<b>&gt;</b> \$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

_	edule D (Form 990) 2011 FRIENDS OF IR DAVID, INC.	11-3466176 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	6,423,992.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,188,409.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<764,417.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities 5	
6	Investment expenses 6	
7	Prior period adjustments  Other (Describe in Part XIV.)  8	
8 9	· · · · · · · · · · · · · · · · · · ·	
10	Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  10	<764,417.
	teXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per	
1	Total revenue, gains, and other support per audited financial statements	1 6,423,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	7
d	Other (Describe in Part XIV.)	<u>.</u> .
е	Add lines 2a through 2d	2e 0.
3	Subtract line 2e from line 1	3 6,423,992.
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	<u> </u>
b	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 6,423,992.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
1	Total expenses and losses per audited financial statements	1 7,188,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	-Donated services and use of facilities 2a	<del>_</del>
	Prior year adjustments  Other losses  2b  2c	- :
d	Other losses 2c 2c Other (Describe in Part XIV.) 2d	,
	Add lines 2a through 2d	$\dashv_{a}$
3	Subtract line 2e from line 1	3 7,188,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIV.)	
	Add lines 4a and 4b	4c 0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 7,188,409.
	t XIV Supplemental Information	
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	s 1b and 2b; Part V, line 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any	additional information.
PAF	RT X, LINE 2: UNCERTAINITY IN INCOME TAXES - FRIENDS OF I	IR DAVID HAS
דיינו	DEDMINED MUNM MURDE NOE NO NAMEDINI INGERMATN MAY DOCUMTO	NG MILAM DECLITOR
נפע	PERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITION	ONS THAT REQUIRE
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERI	ODS ENDING
DEC	EMBER 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINAT	TION BY
3 D.F	NI TOADI E MAYTNO AUMIODIMIEG	
APE	PLICABLE TAXING AUTHORITIES.	<del></del>
		<u></u>
		Sahadula D./Camp. 0001-001-1
		Schedule D (Form 990) 2011

# SCHEDULE F (Form 99Q)

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization					Employer identification number		
FRIENDS OF I		11-3466176					
Part I General	Information on A	ctivities Ou	tside the United States. Comple	ata if the areas	11-24001	/ O	
	D, Part IV, line 14b.	totivities ou	iside the officed otates. Compr	ete ii tile organ	nzation answered	res	
		n maintain recor	ds to substantiate the amount of its gra	ents and other	assistance.		
			the selection criteria used to award the		_	Yes No	
<b>y</b>	<b>, .</b>			g. a., (10 0) a.o.			
2 For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance ou	rtside the	
United States.		•	·	J			
3 Activities per Region	on. (The following Part	t I, line 3 table c	an be duplicated if additional space is r	needed.)			
(a) Region		(b) Number of (c) Number of (d) Activities (		onducted in region (e) If activity lis		isted in (d) (f) Total	
	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	is a pro	gram service,	expenditures	
	in the region	independent	services, investments, grants to	describe specific type		for and investments	
		in region	recipients located in the region)	of service	ce(s) in region	ın region	
	İ					1	
MIDDLE EAST AND			L				
NORTH AFRICA		0	GRANTMAKING			7,080,000.	
<del> </del>						<del></del>	
	——————————————————————————————————————					· - <del>  </del>	
					<del></del>	<del> </del>	
				· -			
		·					
3 a Sub-total	. 0	0	ļ			7,080,000.	
<b>b</b> Total from continua	ation	_					
sheets to Part I		0	<del>                                     </del>		<del>-</del>	0.	
c Totals (add lines 3	a	0				7 000 000	
and 3b)		L U	L			7,080,000.	

132071 01-23-12

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

Schedule F (Form 990) 2011

11-3466176

FRIENDS OF IR DAVID, INC.

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

×

Page 2

valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (i) Method of (h) Description of non-cash assistance (g) Amount of non-cash assistance ö Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 7,080,000. WIRE TRANSFER (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of GENERAL SUPPORT grant MIDDLE EAST AND (c) Region Part II can be duplicated if additional space is needed. NORTH AFRICA Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization 0 ო

11-3466176 FRIENDS OF IR DAVID, INC. Schedule F (Form 990) 2011

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of cash armount of recipients cash grant (b) Region (a) Type of grant or assistance

132074 01-23-12 for Form 5713)

Yes X No

Schedule F (Form 990) 2011

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

FRIENDS OF IR DAVID, INC. 11-3466176
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELFARE OF THE PEOPLE OF THE OLD CITY OF JERUSALEM AND THE ANCIENT CITY
OF DAVID. TO TEACH ABOUT THE HISTORY AND UNCOVER THE ARCHAEOLOGY OF THE
OLD CITY OF JERUSALEM AND THE ANCIENT CITY OF DAVID. TO PURCHASE
PROPERTY FOR USE IN ARCHAEOLOGICAL DISCOVERY AND BEAUTIFICATION OF THE
ANCIENT CITY OF DAVID.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ANCIENT CITY OF DAVID. TO PURCHASE PROPERTY FOR USE IN
ARCHAEOLOGICAL DISCOVERY AND BEAUTIFICATION OF THE ANCIENT CITY OF
DAVID.
FORM 990, PART VI, SECTION A, LINE 2: EXECUTIVE—DIRECTOR, MOSHE BILLET,
AND DIRECTOR/OFFICER, HARRY BILLET, ARE RELATED.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR PREPARES AND
REVIEWS THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO EACH DIRECTOR
AND OFFICER PRIOR TO SUBMISSION TO IRS. HIGH LEVEL DETAIL OF CONTENTS AND

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND RENEWED EACH YEAR BY THE BOARD OF DIRECTORS AND OFFICERS. ALL MAJOR TRANSACTIONS ARE SUBJECT TO REVIEW BY THE INDEPENDENT BOARD OF

CHANGES FROM THE PRIOR YEAR ARE HIGHLIGHTED TO THE DIRECTORS AND OFFICERS.

DIRECTORS AND OFFICERS GENERALLY HAVE AT LEAST A WEEK TO RESPOND WITH ANY

ON VOTING MATTERS WHERE THERE MAY BE A PERCEIVED DIRECTORS EACH YEAR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

QUESTIONS OR CONCERNS.