

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning JAN 1, 2012 and ending AUG 31, 2012

Header section containing organization name (MEOR INC.), address (1560 BROADWAY, NEW YORK, NY), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, comparing Prior Year and Current Year data.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: TOM STEINBERG, EXEC. DIRECTOR. Date: 7-14-13

Preparer information: LOUIS LOKETCH, LOKETCH & PARTNERS, LLP. Date: 07/11/13. Firm's EIN: 26-4004567.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**MEOR INC IS AN ORGANIZATION WHO'S PRIMARY MISSION IS FURTHERANCE OF JEWISH EDUCATION ON UNIVERSITY CAMPUSES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **2,478,019.** including grants of \$ **2,085,096.**) (Revenue \$ )

**TO PROVIDE SUPPORT FOR EDUCATION, SOCIAL AWARENESS AND SOCIAL SERVICES ACTIVITIES INCLUDING SUPPORT OF EDUCATION, EDUCATIONAL PROGRAMMING, AND FINANCIAL ASSISTANCE TO STUDENTS AND THE INSTITUTIONS THEY ATTEND.**

4b (Code: ) (Expenses \$ **433,688.** including grants of \$ ) (Revenue \$ **181,499.**)

**TO PROVIDE TRAVEL AND LODGING FOR STUDENTS TO STUDY IN ISRAEL THEREBY INCREASING THEIR KNOWLEDGE AND APPRECIATION OF JUDAISM.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **2,911,707.**



**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 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 "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | 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? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | 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.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |



**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | X   |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25                             |     | X  |
| b   | Did the organization invest 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?   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | 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   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | 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  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | 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," complete Schedule R, Part I  |     | X  |
| 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  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| 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   |     |    |
| 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   |     | X  |
| 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   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |     |    |
|     | <b>Note.</b> All Form 990 filers are required to complete Schedule O  | X   |    |



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Contains questions 1a through 14b regarding tax compliance.



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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
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) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LOKETCH & PARTNERS LLP - 212-869-2316 1560 BROADWAY, SUITE 316, NEW YORK, NY 10036









**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |  |
|---|--|--|---|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts        | 1 a Federated campaigns  | 1a   |   |   |   |  |
|   | b Membership dues  | 1b   |   |   |   |  |
|   | c Fundraising events   | 1c   |   |   |   |  |
|   | d Related organizations  | 1d   |   |   |   |  |
|   | e Government grants (contributions)  | 1e   |   |   |   |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f 2,710,570.                                  |   |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |  |   |   |   |  |
|   | h Total. Add lines 1a-1f   | ▶ 2,710,570.                                   |   |   |   |  |
|   | Program Service Revenue  | 2 a  | Business Code                                   |   |   |  |
| b   |  |  |   |   |   |  |
| c   |  |  |   |   |   |  |
| d   |  |  |   |   |   |  |
| e   |  |  |   |   |   |  |
| f All other program service revenue                           |  | 900099   | 181,499.  | 181,499.                                |   |  |
| g Total. Add lines 2a-2f                                      |  | ▶ 181,499.                                     |   |   |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)   | ▶  | 120.  |   | 120.  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   | ▶  |   |   |   |  |
|   | 5 Royalties  | ▶  |   |   |   |  |
|   | 6 a Gross rents  | (i) Real                                       | 4,509.  |   |   |  |
|   |  | (ii) Personal                                  |   |   |   |  |
|   |  | b Less: rental expenses                        | 0.  |   |   |  |
|   | c Rental income or (loss)  | 4,509.   |   |   |   |  |
|   | d Net rental income or (loss)  | ▶  | 4,509.  |   | 4,509.  |  |
|   | 7 a Gross amount from sales of assets other than inventory   | (i) Securities                                 |   |   |   |  |
|   |  | (ii) Other                                     |   |   |   |  |
|   |  | b Less: cost or other basis and sales expenses |   |   |   |  |
|   |  | c Gain or (loss)                               |   |   |   |  |
|   | d Net gain or (loss)   | ▶  |   |   |   |  |
|   | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  | 592,727.  |   |   |  |
|   |  | b Less: direct expenses                        | b 276,249.                                      |   |   |  |
| c Net income or (loss) from fundraising events                |  | ▶  | 316,478.  |   | 316,478.  |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a  |  |   |   |   |  |
|   | b Less: direct expenses  | b  |   |   |   |  |
|   | c Net income or (loss) from gaming activities  | ▶  |   |   |   |  |
| 10 a Gross sales of inventory, less returns and allowances    | a  |  |   |   |   |  |
|   | b Less: cost of goods sold   | b  |   |   |   |  |
|   | c Net income or (loss) from sales of inventory   | ▶  |   |   |   |  |
| Miscellaneous Revenue   |  | Business Code                                  |   |   |   |  |
| 11 a  |  |  |   |   |   |  |
|   | b  |  |   |   |   |  |
|   | c  |  |   |   |   |  |
|   | d All other revenue  |  |   |   |   |  |
| e Total. Add lines 11a-11d                                    | ▶  |  |   |   |   |  |
| 12 Total revenue. See instructions.                           | ▶  | 3,213,176.                                     | 181,499.  | 0.                                      | 321,107.  |  |



**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 2,085,096.            | 2,085,096.                      |  |                             |
| 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  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 28,536.               | 28,536.                         |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 35,635.               |                                 | 35,635.                                |                             |
| c Accounting  | 16,257.               |                                 | 16,257.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 1,551.                | 1,551.                          |  |                             |
| 13 Office expenses  | 4,618.                |                                 | 4,618.                                 |                             |
| 14 Information technology   | 7,950.                |                                 | 7,950.                                 |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 13,210.               | 6,775.                          | 6,435.                                 |                             |
| 17 Travel   | 8,056.                |                                 | 8,056.                                 |                             |
| 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  | 2,298.                |                                 | 2,298.                                 |                             |
| 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.) |                       |                                 |  |                             |
| a <b>ISRAEL TRIP EXPENSE</b>  | 433,688.              | 433,688.                        |  |                             |
| b <b>PERSONNEL</b>  | 430,446.              | 178,570.                        | 103,074.                               | 148,802.                    |
| c <b>PROGRAMS &amp; STUDENT EXPE</b>  | 175,930.              | 175,930.                        |  |                             |
| d <b>FUNDRAISING</b>  | 32,749.               |                                 |  | 32,749.                     |
| e All other expenses  | 32,121.               | 1,561.                          | 30,560.                                |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>3,308,141.</b>     | <b>2,911,707.</b>               | <b>214,883.</b>                        | <b>181,551.</b>             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

|                             |  | (A)<br>Beginning of year  |          | (B)<br>End of year |          |
|-----------------------------|--|---|----------|--------------------|----------|
| Assets                      | 1  | Cash - non-interest-bearing .....   | 345,030. | 1                  | 289,354. |
|                             | 2  | Savings and temporary cash investments .....  |          | 2                  |          |
|                             | 3  | Pledges and grants receivable, net .....  |          | 3                  |          |
|                             | 4  | Accounts receivable, net .....  |          | 4                  |          |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |          | 5                  |          |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |          | 6                  |          |
|                             | 7  | Notes and loans receivable, net .....   |          | 7                  |          |
|                             | 8  | Inventories for sale or use .....   |          | 8                  |          |
|                             | 9  | Prepaid expenses and deferred charges .....   |          | 9                  |          |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   |          | 10a                |          |
|                             | b  | Less: accumulated depreciation .....  |          | 10b                | 10c      |
|                             | 11   | Investments - publicly traded securities .....  |          | 11                 |          |
|                             | 12   | Investments - other securities. See Part IV, line 11 .....  | 30,458.  | 12                 | 35,778.  |
|                             | 13   | Investments - program-related. See Part IV, line 11 .....   |          | 13                 |          |
|                             | 14   | Intangible assets .....   |          | 14                 |          |
|                             | 15   | Other assets. See Part IV, line 11 .....  | 0.       | 15                 | 2,250.   |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 375,488.  | 16       | 327,382.           |          |
| Liabilities                 | 17   | Accounts payable and accrued expenses .....   | 14,332.  | 17                 | 10,072.  |
|                             | 18   | Grants payable .....  |          | 18                 |          |
|                             | 19   | Deferred revenue .....  |          | 19                 |          |
|                             | 20   | Tax-exempt bond liabilities .....   |          | 20                 |          |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |          | 21                 |          |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |          | 22                 |          |
|                             | 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 .....   | 6,639.   | 25                 | 8,959.   |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 20,971.  | 26                 | 19,031.  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |          |                    |          |
|                             | 27   | Unrestricted net assets .....   |          | 27                 |          |
|                             | 28   | Temporarily restricted net assets .....   |          | 28                 |          |
|                             | 29   | Permanently restricted net assets .....   |          | 29                 |          |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.    |   |          |                    |          |
|                             | 30   | Capital stock or trust principal, or current funds .....  | 0.       | 30                 | 0.       |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund .....  | 0.       | 31                 | 0.       |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds .....  | 354,517. | 32                 | 308,351. |
| 33                          | <b>Total net assets or fund balances</b> .....   | 354,517.  | 33       | 308,351.           |          |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....  | 375,488.  | 34       | 327,382.           |          |



**Part 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  | 3,213,176. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,308,141. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -94,965.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 354,517.   |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 48,799.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 308,351.   |

**Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| 3a | 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?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |







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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| 2 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 (f) ..... |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....  |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |  |                          |
|---|----|--|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....   | 14 |  | %                        |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 .....   | 15 |  | %                        |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    |  | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    |  | <input type="checkbox"/> |
| 17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |  | <input type="checkbox"/> |
| b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |  | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    |  | <input type="checkbox"/> |

232022  
12-04-12



**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**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 4369672. | 4272705. | 3933172. | 4749813. | 3208547. | 20533909. |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 4369672. | 4272705. | 3933172. | 4749813. | 3208547. | 20533909. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0.        |
| <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           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          | 0.        |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 20533909. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 4369672. | 4272705. | 3933172. | 4749813. | 3208547. | 20533909. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          | 614.     | 4,629.   | 5,243.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          | 614.     | 4,629.   | 5,243.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 4369672. | 4272705. | 3933172. | 4750427. | 3213176. | 20539152. |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |    |          |
|--|----|----------|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.97 %  |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 | 100.00 % |

**Section D. Computation of Investment Income Percentage**

|   |    |       |
|---|----|-------|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | .03 % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17                        | 18 | %     |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions







**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

MEOR INC.  
C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization

MEOR INC.

C/O LOKETCH &amp; PARTNERS, LLP

Employer identification number

51-0430002

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | YASHA AND NANCY GOFMAN PHILANTHROPIC FUND<br>119 STEUART STREET<br>SAN FRANCISCO, CA 94105   | \$ 98,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | AMERICAN FRIENDS OF HERITAGE HOUSE<br>1 STATE STREET<br>NEW YORK, NY 10004                   | \$ 659,547.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | THOMAS STEINBERG<br>25 DAKOTA STREET<br>PASSAIC, NJ 07055                                    | \$ 552,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | AHAVAS TZEDEK FOUNDATION<br>156 WEST 56TH STREET, SUITE 1701<br>NEW YORK, NY 10019           | \$ 95,200.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | NATIONAL SOCIETY OF HEBREW DAY SCHOOLS<br>1090 CONEY ISLAND AVE, STE 3<br>BROOKLYN, NY 11230 | \$ 909,328.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | CHICAGO MORTGAGE SOLUTIONS<br>333 KINGHTSBRIDGE PKY SUITE 210<br>LINCOLNSHIRE, IL 60069      | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |



Name of organization

MEOR INC.  
C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 7          | ARIEL KOR<br>115 HIGH STREET<br>PASSAIC, NJ 07055 | \$ 93,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



Name of organization

MEOR INC.  
C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |



Name of organization

MEOR INC.

C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Attach to Form 990. See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MEOR INC. C/O LOKETCH & PARTNERS, LLP Employer identification number 51-0430002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple questions (1-9) about conservation easements, including checkboxes for purposes, acreage, and monitoring. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including revenue and asset amounts.



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A) SANFORD BERNSTEIN   | 31,778.        | END-OF-YEAR MARKET VALUE                                  |
| (B) CHARLES SCHWAB  | 1,000.         | END-OF-YEAR MARKET VALUE                                  |
| (C) STATE OF ISRAEL BONDS   | 3,000.         | END-OF-YEAR MARKET VALUE                                  |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | <b>35,778.</b> |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) UNREALIZED GAIN ON SECURITIES   | 8,959.         |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>8,959.</b>  |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |    |
|---|---|----|----|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |
| a | Net unrealized gains on investments   | 2a |    |
| b | Donated services and use of facilities  | 2b |    |
| c | Recoveries of prior year grants   | 2c |    |
| d | Other (Describe in Part XIII.)  | 2d |    |
| e | Add lines 2a through 2d   |    | 2e |
| 3 | Subtract line 2e from line 1  |    | 3  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |    |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |
| b | Other (Describe in Part XIII.)  | 4b |    |
| c | Add lines 4a and 4b   |    | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |    |
|---|--|----|----|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |
| a | Donated services and use of facilities   | 2a |    |
| b | Prior year adjustments   | 2b |    |
| c | Other losses   | 2c |    |
| d | Other (Describe in Part XIII.)   | 2d |    |
| e | Add lines 2a through 2d  |    | 2e |
| 3 | Subtract line 2e from line 1   |    | 3  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |    |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |    |
| b | Other (Describe in Part XIII.)   | 4b |    |
| c | Add lines 4a and 4b  |    | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  |

**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.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|---|--------------|------------------------|--|
|                 |    | MEOR AT<br>METLIFE DINN<br>(event type)                     | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 592,727.     |                        | 592,727.   |
|                 | 2  | Less: Contributions   |              |                        |  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 592,727.     |                        | 592,727.   |
| Direct Expenses | 4  | Cash prizes   |              |                        |  |
|                 | 5  | Noncash prizes  |              |                        |  |
|                 | 6  | Rent/facility costs   |              |                        |  |
|                 | 7  | Food and beverages  |              |                        |  |
|                 | 8  | Entertainment   |              |                        |  |
|                 | 9  | Other direct expenses                                       | 276,249.     |                        | 276,249.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        | ( 276,249 )  |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                        | 316,478.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | 1   | Gross revenue   |   |   |   |
|                 | 2   | Cash prizes   |   |   |   |
| Direct Expenses | 3   | Noncash prizes  |   |   |   |
|                 | 4   | Rent/facility costs   |   |   |   |
|                 | 5   | Other direct expenses   |   |   |   |
| 6               | Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)     |   |   |   | ( )   |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 |   |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **MEOR INC.  
C/O LOKETCH & PARTNERS, LLP**

Employer identification number  
**51-0430002**

**Part I General Information on Grants and Assistance**

**1** 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 the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                          | (b) EIN    | (c) IRC section if applicable | (d) Amount 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 grant or assistance                            |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ATLANTA SCHOLARS KOLLEL<br>1959 LA VISTA ROAD NE<br>ATLANTA, GA 30329         | 58-1750850 |                               | 86,056.                  | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| JEWISH STUDY NETWORK<br>3626 EL CAMINO REAL<br>PALO ALTO, CA 94306            | 77-0555485 |                               | 99,968.                  | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MARYLAND JEWISH EXPERIENCE<br>7509 PRINCETON AVENUE<br>COLLEGE PARK, MD 20740 | 20-4339852 |                               | 219,000.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MEOR NORTHWESTERN INC.<br>222 CHESTNUT AVENUE STE 201<br>GLENVIEW, IL 60026   | 45-0545167 |                               | 123,334.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MESORAH DC<br>10717 MEADOWHILL ROAD<br>SILVER SPRING, MD 20901                | 27-3023266 |                               | 201,631.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| RUTGERS JEWISH XPERIENCE<br>172 CAROL STREET<br>LAKEWOOD, NJ 08701            | 20-2194762 |                               | 108,936.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount 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 grant or assistance                            |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE STAR FOUNDATION<br>PO BOX 446<br>BINGHAMTON, NY 13902                                  | 20-4351294 |                               | 202,769.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MEOR MAIMONIDES OF GREATER<br>PHILADELPHIA - 215 S 39TH STREET -<br>PHILADELPHIA, PA 19104 | 26-1518116 |                               | 332,266.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MEOR OF BOSTON<br>2 CITY VIEW ROAD<br>BROOKLINE, MA 02446                                  | 20-4394106 |                               | 305,802.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MEOR NY<br>11 CARLTON PL<br>PASSAIC, NJ 07055  | 27-2849218 |                               | 223,402.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| MEOR AT YALE<br>144 CABLES AVENUE<br>WATERBURY, CT 06710                                   | 26-3622527 |                               | 148,328.                 | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
| PHILADELPHIA COMMUNITY KOLLEL<br>364 MONTGOMERY AVE<br>MERION, PA 19066                    | 22-3545216 |                               | 33,604.                  | 0.                                |   |  | COLLEGE CAMPUS OUTREACH<br>FELLOWSHIP PROGRAMS &<br>MENTORING |
|  |            |                               |                          |                                   |   |  |   |
|  |            |                               |                          |                                   |   |  |   |
|  |            |                               |                          |                                   |   |  |   |



**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) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**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.

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

2012

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

MEOR INC.  
C/O LOKETCH & PARTNERS, LLP

Employer identification number  
51-0430002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT OF EDUCATORS AND EDUCATIONAL PROGRAMS

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS REVIEWED BY  
THE GOVERNING BODY BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT 48,799.