Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

			J			
013, or fiscal year beginning	\mathtt{SEP}	1	, 2013, and ending	AUG	31	,20 14

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form887. Employer identification number

MEOR INC.

C/O LOKETCH & PARTNERS, LLP

For calendar year 2

51-0430002

Name and title of officer TOM STEINBERG

EXEC DIRECTOR

Name of exempt organization

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b. 4b. or 5b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,939,996.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DINI-	chock	ana	hov	only
Officer's	PIN:	cneck	one	DOX	oniv

X authorize LOKETCH & PARTNERS, LLP	to enter my PIN	10036
ERO firm name	-	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		, ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13862010036 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► LOKETCH & PARTNERS, LLP

02/09/15

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 tax year beginning SEP 1, 2013 and ending AUG 31, A For the 2013 calendar year, or tax year beginning

Open to Public

B c	heck if pplicable	C Name of organization	D Employer identific	cation number
	Addres	MEOR INC.		
\vdash	cnange Name change		─ 51 – 0.	430002
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
F	Termin			521-2805
F	⊒ated □Amend		G Gross receipts \$	5,348,133.
F	⊒return ⊒Applica ⊒tion		H(a) Is this a group re	
	pendin		for subordinates	
		25 DAKOTA STREET, PASSAIC, NJ 07055	H(b) Are all subordinates in	
	ax-exe			list. (see instructions)
		e: WWW.MEOR.ORG	H(c) Group exemption	,
_			ear of formation: 2002	
		Summary	· <u> 1 · · · </u>	·
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE SUPPORT FO	R
Activities & Governance	:	EDÚCATION, SOCIAL AWARENESS AND SOCI AL SERVI	CES ACTIVITIE	S INCLUDING
rna		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n		
ove	l		3	0
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		0
Se		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		8
ζĘ		Total number of volunteers (estimate if necessary)		0
∖ct i		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)	4,447,634.	4,943,307.
enc	9 1	Program service revenue (Part VIII, line 2g)	266,285.	309,438.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	243.	1,082.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	318,321.	-313,831.
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,032,483.	4,939,996.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,374,017.	3,709,503.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	461,116.	507,553.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 359,899.	0.	0.
Ϋ́			1 076 012	1 267 260
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,276,013.	
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,111,146.	<u> </u>
es		Revenue less expenses. Subtract line 18 from line 12	-78,663.	-644,329.
ts o			Beginning of Current Year 501,808.	End of Year 286,572.
Assets (d Balanc	20	Total assets (Part X, line 16)	272,120.	683,409.
net/		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	229,688.	-396,837.
Pa	22 art	Signature Block	227,000.	370,037.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		, knowledge and belief, it is
	1001100	A complete because of property (early shall emost) to become of all information of finish prop	and mad any knowledge.	
Sigi	n	Signature of officer	Date	
Her		TOM STEINBERG, EXEC. DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		LOUIS LOKETCH	02/09/15 if self-employed	P00711327
Prep	- +	Firm's name LOKETCH & PARTNERS, LLP	Firm's EIN	26-4004567
		Firm's address 1560 BROADWAY, SUITE 1005		
		NEW YORK, NY 10036	Phone no. 21	2 869-2316
<u>Ма</u> у	/ the IF	S discuss this return with the preparer shown above? (see instructions)	······	X Yes No

orm	1990 (2013) C/O LOKETCH & PARTNERS, LLP	51-0430002	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u> </u>
'	MEOR INC IS AN ORGANIZATION WHO'S PRIMARY MISSION IS FUR	отитрамст от	
	JEWISH EDUCATION ON UNIVERSITY CAMPUSES	XIIIEKANCE OF	
	DEWISH 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	X 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?	Ves	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,555,718 • including grants of \$ 3,709,503 •) (Revenu)
	TO PROVIDE SUPPORT FOR EDUCATION, SOCIAL AWARENESS AND S	SOCIAL SERVI	CES
	ACTIVITIES INCLUDING SUPPORT OF EDUCATION, EDUCATIONAL I	PROGRAMMING,	AND
	FINANCIAL ASSISTANCE TO STUDENTS ATTENDING OUR PROGRAMS	•	
4b	(Code:) (Expenses \$ 383,888 • including grants of \$) (Revenue	309	438.)
70	TO PROVIDE TRAVEL AND LODGING FOR STUDENTS TO STUDY IN		
	INCREASING THEIR KNOWLEDGE AND APPRECIATION OF JUDAISM.	IDIMIL IIIIM	
	INCREASING THEIR KNOWLEDGE AND APPRECIATION OF TODALSM.		
_			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	.e \$)
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$	١	
46	Total program service expenses 4,939,606.		
7C	rotal program service expenses 🚩 🛂 🛂 🛂 🐧 😘		

Form 990 (2013) C/O LOKETCH 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	. <u>_u</u>		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		7.7	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) C / O LOKETCH & PART
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2013) C/O LOKETCH & PARTNERS, LLP Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V										
				Yes	No						
1a Ent	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 52									
	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0									
	the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming									
(gai	mbling) winnings to prize winners?		1c	Х							
	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
filed	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?										
Not	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3a Did	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b If "\	Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b								
4a Ata	any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a									
fina	incial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х						
b If "\	Yes," enter the name of the foreign country: ▶										
See	e instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial <i>i</i>	Accounts.									
5a Wa	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х						
c If "	Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с								
6a Doe	es the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			l						
any	contributions that were not tax deductible as charitable contributions?		6a		X						
b If "\	Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts									
	e not tax deductible?		6b								
_	ganizations that may receive deductible contributions under section 170(c).										
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X						
	Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		v						
	ile Form 8282?		7c		X						
	Yes," indicate the number of Forms 8282 filed during the year	7d									
	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f								
	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of a sufficient state of the state of th										
_	ne organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Di Insoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di		7h								
-	anization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8								
	onsoring organizations maintaining donor advised funds.	any time during the year:	0								
-	the organization make any taxable distributions under section 4966?		9a								
	the organization make a distribution to a donor, donor advisor, or related person?		9b								
	ction 501(c)(7) organizations. Enter:		30								
	iation fees and capital contributions included on Part VIII, line 12	10a									
	ess receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
	ction 501(c)(12) organizations. Enter:	100									
	oss income from members or shareholders	11a									
	ess income from other sources (Do not net amounts due or paid to other sources against										
	ounts due or received from them.)	11b									
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
	ction 501(c)(29) qualified nonprofit health insurance issuers.	•									
	he organization licensed to issue qualified health plans in more than one state?		13a								
Not	te. See the instructions for additional information the organization must report on Schedule O.										
	er the amount of reserves the organization is required to maintain by the states in which the										
	anization is licensed to issue qualified health plans	13b									
	er the amount of reserves on hand	13c									
	the consideration was the constraint of the first and a section and the contraint of the constraint of		14a		Х						
b f "\	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b								

Form 990 (2013)

MEOR INC. C/O LOKETCH & PARTNERS, LLP 51-0430002 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 0 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

exempt status with respect to such arrangements?

1/	List the states with which a copy of this Form 990 is required to be filed FNO
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. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

he organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LOKETCH & PARTNERS LLP - 212-869-2316 1560 BROADWAY, SUITE 1005, NEW YORK, NY 10036

16b

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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.

Name and Title Average hours per week (list any hours for related organizations below line) (1) RABBI BERYL GERSHENFELD (2) TOM STEINBERG VICE PRESIDENT, CHAIRMAN OF BOARD (3) CAREY WOLCHOK OFFICER (4) ARIEL KOHR OFFICER (6) NANCY GOFMAN Reportable compensation from related organizations week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Indicated an one box, unless person is both on the organization from related organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) No	Check this box if neither the organization i		l	111120			пре	isai			(E)
hours per week (list any hours for related organizations below line) (1) RABBI BERYL GERSHENFELD PRESIDENT (2) TOM STEINBERG VICE PRESIDENT, CHAIRMAN OF BOARD (3) CARREY WOLCHOK (4) ARIEL KOHR OFFICER (4) ARIEL KOHR OFFICER (5) ERIC EVANS OFFICER (6) NANCY GOFMAN (Veck) (Ist any hours for related organization from the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) Compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) Compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) O .	(A) Name and Title	(B) Average							(D) Reportable	(E) Reportable	(F) Estimated
(1) RABBI BERYL GERSHENFELD 15.00 PRESIDENT X X (2) TOM STEINBERG 2.00 VICE PRESIDENT, CHAIRMAN OF BOARD X X (3) CAREY WOLCHOK 0.00 OFFICER X 0.00 (4) ARIEL KOHR 0.00 0.00 (5) ERIC EVANS 0.00 X OFFICER X 0.00 (6) NANCY GOFMAN 0.00		hours per	box	box, unless person is			is bot	h an	compensation	compensation	
PRESIDENT X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		organization
(2) TOM STEINBERG 2.00 VICE PRESIDENT, CHAIRMAN OF BOARD X (3) CAREY WOLCHOK 0.00 OFFICER X (4) ARIEL KOHR 0.00 OFFICER X (5) ERIC EVANS 0.00 OFFICER X (6) NANCY GOFMAN 0.00		15.00			v					0	0
VICE PRESIDENT, CHAIRMAN OF BOARD X X 0. 0. 0 (3) CAREY WOLCHOK 0.00 0.00 0. <		2 00	^		Λ				0.	0.	0.
(3) CAREY WOLCHOK 0.00 OFFICER X (4) ARIEL KOHR 0.00 OFFICER X (5) ERIC EVANS 0.00 OFFICER X (6) NANCY GOFMAN 0.00		2.00	x		x				0.	0.	0.
OFFICER X 0. 0. 0 (4) ARIEL KOHR 0.00 X 0. 0. 0 OFFICER X 0. 0. 0 0 (5) ERIC EVANS 0.00 X 0. 0 0 OFFICER X 0. 0. 0 0 (6) NANCY GOFMAN 0.00 0 0 0 0 0		0.00								0.	
(4) ARIEL KOHR 0.00 OFFICER X (5) ERIC EVANS 0.00 OFFICER X (6) NANCY GOFMAN 0.00			1		х				0.	0.	0.
(5) ERIC EVANS OFFICER X 0.00 X 0.00 0 (6) NANCY GOFMAN 0.00	(4) ARIEL KOHR	0.00									
OFFICER	OFFICER				Х				0.	0.	0.
(6) NANCY GOFMAN 0.00	(5) ERIC EVANS	0.00							_		
					Х				0.	0.	0.
OFFICER X U.		0.00	l		l					•	•
	OFFICER				Х				0.	0.	0.

	1 990 (2013) C/O LOKE	ICH & PA	AK'	T.M.	KK:	S,	ابلا	<u> </u>		21-0	430	002	Pa	age č
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr organo	pensa om the anizat d relate anization	e ion ed
						×								
			-											
	Sub-total								0.		0.			0.
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but r compensation from the organization							no r	received more than \$100	0,000 of reportab	le		1	(
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•			•	•	•		highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
	Complete this table for your five highest on	mnonostad in	don	224	net o	ont	root	250 1	that received more than	\$100,000 of con	2222			
	Complete this table for your five highest countries the organization. Report compensation for (A)										препа	(C		
JU :	Name and business DY GROSSMAN, DERECH HA		3(0,					Description of s	services	C	Compe		n
JE:	RUSALEM, ISRAEL, ISRAE	<u> </u>						\dashv	FUNDRAISER			18	8,0	14.
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li 1	stec	d above) who received n	nore than				

		Check if Schedule O cont	ains a resnonse	or note to any line	e in this Part VIII			
		Greek ii Goriedale O cont	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
		Membership dues						
		Fundraising events		890,161.				
		Related organizations						
		Government grants (contribut						
[양		All other contributions, gifts, gran	· ·					
를 달		similar amounts not included above		4,053,146.				
들이	a	Noncash contributions included in lines		, ,				
a G	_	Total. Add lines 1a-1f			4,943,307.			
				Business Code				
စ္ပ	2 a	l						
اہ چَ	b							
စ္က န္တု	С							
eve	d							
Program Service Revenue	е							
ਕ	f	All other program service reve	enue	900099	309,438.	309,438.		
	g	Total. Add lines 2a-2f		>	309,438.			
	3	Investment income (including	dividends, inter-	est, and				
		other similar amounts)		▶ [1,093.			1,093.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	11,545.					
	b	Less: cost or other basis						
		and sales expenses	11,556.					
	С	Gain or (loss)	-11,					
	d	Net gain or (loss)			-11.			-11.
<u>o</u>	8 a	Gross income from fundraising	`					
e		including \$890	,161. of					
Other Revenu		contributions reported on line	1c). See					
er F		Part IV, line 18	а	82,750.				
₹	b	Less: direct expenses	b	396,581.				
~	С	Net income or (loss) from fund	draising events		-313,831.			-313,831.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		▶				
	40	Total revenue See instructions			1 030 00K	309 438	0	-312 749

Form 990 (2013) C/O LOKETCH & Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
	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	2 162 406	2 162 406		
	organizations in the United States. See Part IV, line 21	3,163,496.	3,163,496.		
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	546,007.	546,007.		
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	340,007.	340,007.		
4 5	Compensation of current officers, directors,				
3					
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	262,087.	247,153.	9,434.	5,500.
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	236,887.	236,887.		
10	Payroll taxes	8,579.	7,044.	1,102.	433.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,000.		6,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	•				
	column (A) amount, list line 11g expenses on Sch O.)	44 530	11 520		
12	Advertising and promotion	11,730.	11,730.	00 002	
13	Office expenses	29,803.		29,803.	
14	Information technology	16,478.		16,478.	
15	Royalties	30,848.	30,848.		
16	Occupancy	79,650.	30,040.	26,430.	53,220.
17	Travel	19,030.		20,430.	33,220.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,423.		6,423.	
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	PERSONNEL	503,799.	71,333.	140,511.	291,955.
b	ISRAEL AND EASTERN EURO	383,888.	383,888.	, -	,
c	PROGRAMS & STUDENT EXPE	234,389.	234,389.		
d	BANK AND CREDIT CARD FE	27,328.	-	27,328.	
е	All other expenses	36,933.	6,831.	21,311.	8,791.
25	Total functional expenses. Add lines 1 through 24e	5,584,325.	4,939,606.	284,820.	359,899.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_	· · · · · · · · · · · · · · · · · · ·				- 000 (aa.ta)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 232,953. 458,633. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 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 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8 975. 2,214. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 39,947. 47,580. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,253. 3,825. Other assets. See Part IV, line 11 15 15 501,808. 286,572. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,443. 9,921. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 251,549. 620,484. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties _____ 50,000. 24 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 14,128. 3,004. 25 272,120. 683,409. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds О. 0. 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 229,688. -396,837. Retained earnings, endowment, accumulated income, or other funds 32 32 229,688. -396,837. 33 Total net assets or fund balances 33 501,808. 286,572. 34 34 Total liabilities and net assets/fund balances

- 0	4	3	0	0	0	2	Page	1	2

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,58		
3	Revenue less expenses. Subtract line 2 from line 1	3	-64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	9,6	88.
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					04.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-39	6,8	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
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			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. MEOR INC.

C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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. 4 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.) 8 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο 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?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	described on lines 1-9 in col. (i) listed		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Provide the following information about the supported organization(s).

Schedule A (Form 990 or 990-EZ) 2013

h

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1		1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	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.)						
	Total support. Add lines 7 through 10	-1- (40	
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for	-			•		▶□
Sec	organization, check this box and stop ction C. Computation of Publ			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2013 (column (fl)		14	%
	Public support percentage for 2012 Public support percentage from 2012					15	
	33 1/3% support test - 2013. If the						
102	stop here. The organization qualifies	•		•		•	
r	33 1/3% support test - 2012. If the						
	and stop here. The organization qual	-					
17=	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	=	-	
۲	10% -facts-and-circumstances tes	-	-				
~	more, and if the organization meets the						
	organization meets the "facts-and-cire		•		•		
18	Private foundation. If the organization						

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 b	elow, please comp	olete Part II.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4272705.	3933172.	4749813.	5032240.	4938914.	22926844.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6		4272705.	3933172.	4749813.	5032240.	4938914	22926844.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	42/2/05	33331721	4745015	3032240.	4000014.	22320044.
<i>i</i> a	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						22926844.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	4272705.	3933172.	4749813.	5032240.	4938914.	22926844.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			614.	243.	1,082.	1,939.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			614.	243.	1,082.	1,939.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	4272705.	3933172.	4750427.	5032483.	4939996.	22928783.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (line 8, column (f) d	ivided by line 13, c	olumn (f))		15	99.99 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	99.97 %
	ction D. Computation of Inve						
17	Investment income percentage for 20)13 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	.01 %
	Investment income percentage from					18	.03 %
	33 1/3% support tests - 2013. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶ X
b	33 1/3% support tests - 2012. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni ala noi check a	DOX OIT IIIIE 14, 19	a, or 190, check tr	iis bux aitu see ins	SUUCIOUS	— — — _

MEOR INC.

Schedule A	(Form 990 or 990-EZ) 2013 C/O	LOKETCH &	PARTNERS,	, LLP	51-0430002 Page 4
Part IV	Supplemental Informatio	n. Provide the expla	nations required by	/ Part II, line 10; Part II	, line 17a or 17b; and Part III, line 12.
	Also complete this part for any ac	dditional information.	. (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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

MEOR INC.

C/O LOKETCH & PARTNERS, LLP

Employer identification number

51-0430002

Organiza	Organization type (check one):						
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	D-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special	Rules						
X	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(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 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.						
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, 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 its Form 990-PF, Part I, line 2, 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) (2013)

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	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	YASHA AND NANCY GOFMAN PHILANTHROPIC FUND 119 STEUART STREET SAN FRANCISCO, CA 94105	\$ <u>130,400.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SKYTOP CAPITAL MANAGEMENT LLC 595 MADISON AVE, 16TH FLOOR NEW YORK, NY 10022	\$ <u>135,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THOMAS STEINBERG 25 DAKOTA STREET PASSAIC, NJ 07055	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARIEL KOR 115 HIGH STREET PASSAIC, NJ 07055	\$ <u>119,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHESSED CONGS OF AMERICA 1 STATE STREET NEW YORK, NY 10004	\$ 2,491,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ESTATE OF RACHEL LUBELL C/O MARTIN NOVACK 300 EAST 42ND STREET, 10TH FL NEW YORK, NY 10017	\$100,000.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

Employer identification number

MEOR INC.

C/O LOKETCH & PARTNERS, LLP

51-0430002

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(cone following line entry. For organizations, contributions of \$1,000 or less for all space is peopled.	c)(7), (8), or (10) organizations that total more than \$1,000 for toons completing Part III, enter or the year. (Enter this information once.)	the		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
				_		
		(e) Transfer of gif	ft			
	Transferee's name, address, ar	nd 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			
				<u> </u>		
	Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is held			
				<u> </u>		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd 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 gif	ft			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
				_		

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

MEOR INC. Fmnli

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

C/O LOKETCH & PARTNERS, LLP

Employer identification number 51-0430002

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, , , , , , , , , , , , , , , , , , , ,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2013

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	ued)
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):									
а	Public exhibition	d	· 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	е	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	ner similar	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?				Yes	☐ No
Pai	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	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Pai							0.			
	·	(a) Current year	(b) P	rior year	(c) Two yea	ırs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	•								
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end baland	ce (line 1	a. column (a	a)) held as:	· ·				
а	Board designated or quasi-endowment		%	3 , (-,,					
	Permanent endowment	%	— /~							
	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		ation tha	at are held a	and administe	ered for th	ne organiz	ation		
-	by:	solon of the organiz	a	at are more	ara dariiinot	0100101	io organiz	ation	Г	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								- ` '	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
	t VI Land, Buildings, and Equipm		- SWITTOTTE	idildo.						
	Complete if the organization answered). Part IV	. line 11a. S	See Form 990). Part X	line 10.			
	Description of property	(a) Cost or o			t or other		cumulate	Ч	(d) Book	value
	becomplien of property	basis (investr			(other)	١ , ,	preciation	~	(u) Book	value
12	Land	<u> </u>	-,		, ,					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X. colun	nn (B). line 1	10(c).)	1		•		0.

Schedule D (Form 990) 2013 C/O LOKETCH	H & PARTNERS,	LLP	51-0430002 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	to Form 990, Part IV, line	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) SANFORD BERNSTEIN	44,580.	END-OF-YEAR	MARKET VALUE
(B) STATE OF ISRAEL BONDS	3,000.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	47,580.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	to Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	to Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part X Other Liabilities.			· •
Complete if the organization answered "Yes'	to Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability		(b) Book value	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	UNREALIZED GAIN ON SECURITIES	3,004.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,004.

^{2.} Liability for uncertain tax positions. 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 X

Schedule D (Form 990) 2013

	t XI Reconciliation of Revenue per Audited Financial State		venue per Return.	Page T
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1		р от тогоно	
1	T		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	penses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		 	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I			XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informatio	n.	
PΔI	RT X, LINE 2:			
	XI X, DIND 2.			
EXI	PLANATION: THE ORGANIZATION FILES FORM 9	90. RETURN	OF ORGANIZATION	
		,	<u> </u>	
EX1	EMPT FROM TAXES. YEARS ENDED AUGUST 31,	2012 AND '	THEREAFTER ARE OPE	N
	<u> </u>			
FOI	R EXAMINATION. MANAGEMENT BELIEVES THAT	THERE ARE	NO UNCERTAIN TAX	
POS	SITIONS AND THERE IS NO PROSPECT OF ASSE	SSMENT FOR	THOSE YEARS.	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

	OR INC.						
	O LOKETCH & P	ARTNERS,	LLP			51-043000	
Pa			Activities Out	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
_	Form 990, Part I\			d- 1 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			
1				ds to substantiate the amount of its gra			Yes X No
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	res LZL NO
2	For grantmakers Door	ribo in Dort V the	organization's	procedures for monitoring the use of its	o granta and a	thar againtanas autr	sida tha
2	United States.	inde in Fait V the	e organization s	procedures for monitoring the use of its	s grants and o	irier assistance outs	side tile
3		he following Part	t I line 3 table ca	an be duplicated if additional space is r	needed)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	(4)	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures
		in the region	independent contractors	services, investments, grants to		specific type	for and investments
			contractors in region	recipients located in the region)	of servi	ce(s) in region	in region
			irregion				
		_					
	Sub-total	0	0				0.
b	Total from continuation	0	0				0.
_	sheets to Part I	<u>"</u>	-				٠.
С	Totals (add lines 3a and 3b)	0	0				0.
	and 3b)		ı				

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		MIDDLE EAST AND	PROVIDE SUPPORT FOR EDUCATION, SOCIAL AWARENESS AND SOCIAL						
		NORTH AFRICA	SERVICES ACTIVITIES	546,007.		0.			
			recognized as charities by the					•	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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

Schedule F (Form 990) 2013

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART II, COLUMN (D):
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: PROVIDE SUPPORT FOR EDUCATION, SOCIAL AWARENESS
AND SOCIAL SERVICES ACTIVITIES INCLUDING SUPPORT OF EDUCATION,
EDUCATIONAL PROGRAMMING, AND FINANCIAL ASSISTANCE TO STUDENTS ATTENDING
OUR PROGRAMS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990 MEOR INC.

Employer identification number

C/O LOKETCH & PARTNERS, LLP 51-0430002 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations □ Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants b g X Special fundraising events Phone solicitations c d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) JUDY GROSSMAN - DERECH Yes No HACHORESH 30, JERUSALEM PROFESSIONAL FUNDRAISING Х 0 0.

	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
ĮΥ	, NJ

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.

		or furidialsing event contributions and gr			<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MEOR AT	PARLOR	NONE	(add col. (a) through
			METLIFE DINN	MEETINGS		· · · · · · ·
4			(event type)	(event type)	(total number)	col. (c))
nge				. , , , ,	· · · · · · · · · · · · · · · · · · ·	
Revenue	4	Gross receipts	897,145.	75,766.		972,911.
Ä	<u>'</u>	Gross receipts	057,72201	7377331		37273220
	_	Lacar Cantributions	814,395.	75,766.		890,161.
	2	Less: Contributions	014,333.	75,700.		0,00,101.
		Out to live a distribute the O	82,750.			82,750.
	3	Gross income (line 1 minus line 2)	02,730.			02,730.
		Ocale militar	0.			
	4	Cash prizes	0.			
	_		0.			
S	5	Noncash prizes	0.			
Se			20 620	F10		40 140
per	6	Rent/facility costs	39,630.	510.		40,140.
Direct Expenses			01 06	00 041		110 000
rect	7	Food and beverages	91,867.	28,041.		119,908.
⊡			010 010	F 504		000 604
	8	Entertainment	212,913.	7,721. 4,232.		220,634.
	9	Other direct expenses		4,232.		15,899.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	396,581.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		_	-313,831.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ā			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enr			(,9-	bingo/progressive bingo	(-, 99	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
S	2	Cash prizes				
SUS(
Direct Expenses	3	Noncash prizes				
H H						
ire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	No —	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	Enf	ter the state(s) in which the organization opera	ates gaming activities:			
а	ls t	the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax v	year?	Yes No
		Yes," explain:	· · · · · ·	J		
		· · ·				

MEOR INC.

Sch	nedule G (Form 990 or 990-EZ) 2013 C/O LOKETCH & PARTNERS, LLP 51-0	430	002	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes I	└── No
	Indicate the percentage of gaming activity operated in:	40-		0/
	•	13a		<u>%</u> %
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		70
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$		01 40	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	nes 9,	96, 10	D, 15D,
_				
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.S:		
	WANT OF THURBATOER THRU GROGGWAN			
<u>(I</u>	NAME OF FUNDRAISER: JUDY GROSSMAN			
(I) ADDRESS OF FUNDRAISER: DERECH HACHORESH 30, JERUSALEM, ISRAE	L		
_	DM T LINE OD GOLING (17)			
PΑ	RT I, LINE 2B, COLUMN (V):			
EX	PLANATION: FUNDRAISING CONSULTANT			

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MEOR INC. C/O LOKET		Employer identification number 51-0430002							
Part I General Information on Grants a		-				•			
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	stance? ocedures for monit	toring the use of grant	t funds in the Unite	d States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than S					anization answered "`	Yes" to Form 990, Part	IV, line 21, for any		
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		
JEWISH STUDY NETWORK 3626 EL CAMINO REAL PALO ALTO, CA 94306	77-0555485		144,252.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
MARYLAND JEWISH EXPERIENCE 7509 PRINCETON AVENUE COLLEGE PARK, MD 20740	20-4339852		406,987.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
MEOR NORTHWESTERN INC. 222 CHESTNUT AVENUE STE 201 GLENVIEW, IL 60026	45-0545167		275,032.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
MEOR DC INC. 2020 PENNSYLVANIA AVE, NW, SUITE 33 WASHINGTON, DC 20006	45-2412811		318,100.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
RUTGERS JEWISH XPERIENCE 172 CAROL STREET LAKEWOOD, NJ 08701	20-2194762		181,260.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
THE STAR FOUNDATION PO BOX 446 BINGHAMTON, NY 13902	20-4351294		330,154.	0.			COLLEGE CAMPUS OUTREACH FELLOWSHIP PROGRAMS & MENTORING		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	-	₹	ne line 1 table				>		

Page 1

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) MEOR MAIMONIDES OF GREATER COLLEGE CAMPUS OUTREACH PHILADELPHIA - 215 S 39TH STREET FELLOWSHIP PROGRAMS & PHILADELPHIA, PA 19104 26-1518116 473,139 0 MENTORING MEOR OF BOSTON COLLEGE CAMPUS OUTREACH 2 CITY VIEW ROAD FELLOWSHIP PROGRAMS & 20-4394106 486,047 0 MENTORING BROOKLINE, MA 02446 MEOR NY COLLEGE CAMPUS OUTREACH 11 CARLTON PL FELLOWSHIP PROGRAMS & 27-2849218 335,333 0 MENTORING PASSAIC, NJ 07055 MEOR AT YALE COLLEGE CAMPUS OUTREACH 144 CABLES AVENUE FELLOWSHIP PROGRAMS & WATERBURY, CT 06710 26-3622527 213,192, 0 MENTORING

C/O LOKETCH & PARTNERS, LLP

Page 2 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. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (d) Amount of non-(a) Type of grant or assistance (f) Description of non-cash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

MEOR INC.

Employer identification number

OMB No. 1545-0047

C/O LOKETCH & PARTNERS, LLP									51-0430002							
Part I	Excess Bene	fit Trans	sacti	ons (section 50)1(c)(3	3) and s	section 501(c)(4) org	anizations onl	y).							
	Complete if the c	organization	n ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990	-EZ, P	art V,	line 40)b.				
1			(b) Relationship between disqualified				ified						(d) Corrected?			
(a) Name of disqualified person		erson	person and organization				(0	(c) Description of transaction						es	No	
														_		
0.5							1:6: 1									
	1050						qualified persons du				•					
section							ganization				▶ \$					
3 Linter un	e amount of tax,	ii ariy, ori ii	116 2,	above, reimburs	eu by	uie orț	gariizatiori				Ψ					
Part II	Loans to and	l/or Fron	n Int	erested Per	sons	·-										
	Complete if the c	organization	n ansv	wered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or F	Form 990. Par	t IV. lir	ne 26:	or if th	ne oraa	anizati	on		
	reported an amo	-					,	,	,	,		J				
(a) Name of (b) Relation			onship (c) Purpose (d) Loan to or (e			(e) Original				(g) In (h)			Approved (i) Written			
interested person with organ		with organi	nization of loan from the organization?		principal amount	ipal amount			default? comm			ittee? agreement?				
					_	From				Yes	No	Yes	No	Yes		
THOMAS	STEINBER			WORKING	X		251,549.	620,4	84.		X	X			X	
Total						1	> \$	620,4	84.							
	Grants or As	sistance	Ber	nefiting Inter	este	d Per	rsons.	•								
	Complete if the o	organization	n ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 27.									
(a) Name of interested person			(b) Relationship between				(c) Amount of	c) Amount of (d) Type			e of (e) Purpose of				f	
			interested person and			assistance	assistance assistanc			ce assistance						
		the organization														
			-													
			+								-					
			+								_					
			+								_					
			+													

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2013 C/O LOKETCH & PARTNERS, LLP

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (c) Amount of (d) Description of (a) Name of interested person (b) Relationship between interested person and the organization transaction transaction revenues? Yes No Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: THOMAS STEINBERG PURPOSE OF LOAN: WORKING CAPITAL (C)

SCHEDULE O

(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

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 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: EXPLANATION: A COPY OF THE 990 WAS REVIEWED BY THE GOVERNING BODY BEFORE IT WAS FILED. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: 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 17,804.