Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	e 2012 calendar year, or tax year beginning and	ending											
В	Check if applicabl	C Name of organization THE AMERICAN COALITION AGAINST A		D Employer identific	cation number									
	Addre chang	NUCLEAR IRAN, INC.												
	Name chang	Doing Business As UNITED AGAINST A NUCLEAR IN	RAN	26-2	387657									
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r 554-3296									
X	—lated Amend Leturn			G Gross receipts \$	1,790,454.									
<u> </u>	Applic	a- NEW YORK, NY 10185-1028		H(a) Is this a group re										
	pendi	F Name and address of principal officer:MARK WALLACE		for affiliates?	Yes X No									
		P.O. BOX 1028, NEW YORK, NY 10185-1028	8	H(b) Are all affiliates inc										
$\overline{}$	Toy ov	empt status: X 501(c)(3) 501(c) ()		1 ` ′	list. (see instructions)									
		te: NWW.UNITEDAGAINSTNUCLEARIRAN.COM	01 021	H(c) Group exemptio										
		organization: X Corporation Trust Association Other	I Vaar		N State of legal domicile: DE									
	art I	Summary	L TEAT	or formation. 2000 K	A State of legal domicile. DE									
' '		Briefly describe the organization's mission or most significant activities: TO II	MEORM	THE DIBLIC	ABOUT THE									
Governance		NATURE OF THE IRANIAN REGIME.	MI ORM	THE TODLIC	ADOUT THE									
rna	2													
ove.		Number of voting members of the governing body (Part VI, line 1a)			5									
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4									
စ္		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			4									
Activities &		Total number of volunteers (estimate if necessary)			0									
냝		Total unrelated business revenue from Part VIII, column (C), line 12			0.									
ď		Net unrelated business taxable income from Form 990-T, line 34			0.									
Revenue				Prior Year	Current Year									
	8	Contributions and grants (Part VIII, line 1h)		915,971.	1,789,548.									
		Program service revenue (Part VIII, line 2g)		0.	0.									
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		932.	906.									
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15.	0.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		916,918.	1,790,454.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
				0.	0.									
'n	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		392,634.	354,393.									
se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 26,13	31.		<u> </u>									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		636,827.	1,307,237.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,029,461.										
		Revenue less expenses. Subtract line 18 from line 12		-112,543.										
es l	13	nevenue less expenses. Subtract line 10 from line 12	Ra	ginning of Current Year	End of Year									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		167,336.	348,948.									
Asse Bal	21	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)		66,873.	119,661.									
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20		100,463.	229,287.									
	art II	Signature Block		100,1050	225,201.									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ente and to the heet of m	v knowledge and helief it is									
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowicago alla bellet, it is									
uuu	, 601166	t, and complete. Declaration of preparer (other than officer) is based on an information of wh	ποιι ριτραιτί	ilas arry knowicage.										
C:~	_	Signature of officer		Date										
Sig		MARK WALLACE, PRESIDENT												
Her	е	Type or print name and title												
		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN									
Paid	d	GUS SALIBA GUS SALIBA		8/07/13 if self-employ										
	u parer	Firm's name FRUCHTER ROSEN & COMPANY, P.C.		Firm's EIN	06-1671819									
	Only	00 10/1019												
USE	Only	Firm's address 156 WEST 56TH STREET, SUITE 1804 NEW YORK, NY 10019	-	Phone no. (212)957-3600									
<u> </u>	ا - مالا ،	-		Filotie iio. (
May	y tne II	RS discuss this return with the preparer shown above? (see instructions)			Yes No									

	THE AMERICAN COALITION AGAINST A
	990 (2012) NUCLEAR IRAN, INC. 26-2387657 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO INFORM THE PUBLIC ABOUT THE NATURE OF THE IRANIAN REGIME, INCLUDING
	ITS DESIRE AND INTENT TO POSSESS NUCLEAR WEAPONS, AS WELL AS IRAN'S
	ROLE AS THE KEY STATE SPONSOR OF GLOBAL TERRORISM, AND A MAJOR
	VIOLATOR OF HUMAN RIGHTS AT HOME AND ABROAD.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,128,863 • including grants of \$) (Revenue \$ 0 •)
44	BUILD A NON-PARTISAN, BROAD-BASED COALITION THAT IS UNITED IN A
	COMMITMENT TO PREVENT IRAN FROM FULFILLING ITS AMBITION TO BECOME A
	REGIONAL SUPER-POWER POSSESSING NUCLEAR WEAPONS. ACANI IS AN
	ISSUE-BASED COALITION IN WHICH EACH COALITION MEMBER WILL HAVE ITS OWN
	INTERESTS AS WELL AS THE COLLECTIVE GOAL OF ADVANCING AN IRAN FREE OF
	NUCLEAR WEAPONS.
4b	(Code:) (Expenses \$325, 400 • including grants of \$) (Revenue \$)
	IN 2012, UANI BEGAN COLLABORATING WITH THE INSTITUTE FOR STRATEGIC
	DIALOGUE ("ISD"), A FOREIGN CHARITY REGISTERED WITH THE CHARITY
	COMMISSION FOR ENGLAND AND WALES, TO EXPAND MANY OF UANI'S EXISTING
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232002 12-10-12

SEE SCHEDULE O FOR CONTINUATION(S) 2

Form **990** (2012)

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)?		4	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	446	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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		X
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		х
20 a	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?	20 b		

Form 990 (2012) NUCLEAR IRAN, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٦,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No", go to line 25	24a		X
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
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			
	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** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Service of the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 17 1b 0 0 1 10 0 1 10 0 1 1		Check if Schedule O contains a response to any question in this Part V								
be first the number of Forms W26 included in line 1a. Enter or Jirind applicable 1						Yes	No			
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 4	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17						
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to prize withorises. 2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3a Variable Va	b		1b	0						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result. 2b If at least on is reported on line 2a, did the organization field in equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," the set organization have unreated business gross income of \$1,000 or more during the relatery area, did the organization have an interest in, or a singulative or other authority over, a financial account in a foreign country. Per See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c West to line 5a of 5b, did the organization file Form 8868-T7 6d Does the organization have unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization selection appropriate in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Did the organization selection appropriate organization include the number of Forms 8282 filed during the year 9 Did the organization received a contribution of cause, boats, applane	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming						
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 E					6a		Х			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		er							
_	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the		vision	_						
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	· · · · · · · · · · · · · · · · · · ·		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		Г	4		X				
				5		X				
_	5 Did the organization become aware during the year of a significant diversion of the organization's assets?6 Did the organization have members or stockholders?									
6	Did the organization have members of stockholders, or other persons who had the power to elect or ap			6		X				
7a		-		7.		Х				
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7a		- 21				
D				-		Х				
_	persons other than the governing body?			7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		v					
a	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear			_		37				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		•	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.))							
			г		Yes	No				
	Did the organization have local chapters, branches, or affiliates?		Г	10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•								
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		Г	10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing	the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	• • • • • • • • • • • • • • • • • • • •			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe								
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	al by independ	dent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	Х					
	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 arrangen	nent with a								
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-								
	exempt status with respect to such arrangements?		<u></u>	16b						
Sec	tion C. Disclosure		•		•					
17	List the states with which a copy of this Form 990 is required to be filed ►NY, AL, AK, AZ, A	R,CA,CI	DC,FL	, GA	,HI	,II				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T									
	for public inspection. Indicate how you made these available. Check all that apply.	,	, , , , , , , , , ,	_						
	X Own website Another's website X Upon request Other (explain	in Schedule C	D)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		,	l finan	icial					
	statements available to the public during the tax year.		, , , , , , , , , , , , , , , , , ,							
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of	the organizat	ion: 🖿	•					
	DAVID IBSEN - 212-544-3296		o organizat							
	45 ROCKEFELLER PLAZA, NEW YORK, NY 10111									
232000 12-10-				Form	990	(2012)				

Page 7

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

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

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

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

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

- 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.

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition more	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	t any Barrell III		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) MARK D. WALLACE	30.00	x		х				0.	0.	0.
CHIEF EXECUTIVE OFFICER (2) DAVID IBSEN	60.00	^		Λ				0.	0.	0.
EXECUTIVE DIRECTOR	00.00	Х		х				124,183.	0.	8,410.
(3) KIM HILLMAN	1.00									0,1200
DIRECTOR		x						0.	0.	0.
(4) JEFFREY DROGIN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BRIAN STACK	1.00								•	
DIRECTOR	40.00	Х						0.	0.	0.
(6) ANDREW SMITH CHIEF FINANCIAL OFFICER	40.00			х				36,777.	0.	18,319.
										,
		ł								

Form 990 (2012)

-	THE AMER I 1990 (2012) NUCLEAR I				101	J Z	AG <i>P</i>	II	NST A	26-2	3876	57	De	age 8
	t VII Section A. Officers, Directors, Trus				on	4 LI:	abo	·+ C	Componented Employe		3070	13 /	Pa	age o
		(B)	эюу	ees	, and		gne	SI C					/E\	
	(A) Name and title	Average hours per week (do not ch box, unles officer and			Position not check more than one unless person is both an er and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related		am	(F) timate tount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensa om the anizati d relate nizatio	e ion ed
1b	Sub-total								160,960.		0.	26	5 , 7:	
С	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		160,960.		0.	26	5 , 7	<u> 29.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le			1
	compensation from the organization												Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•		-	•	•						3		X
4	For any individual listed on line 1a, is the su								her compensation from					
	and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		X
Sec	tion B. Independent Contractors	picte derication	. 0 /	01 30	icii į	0013						<u> </u>		
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of con	npensa	tion fi	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith (or w	thir	n the organization's tax	/ear.				
	(A) Name and business	address							(B) Description of s	ervices	Co	(C mper	;) nsation	n
$\overline{\mathrm{DD}}$	DDC ADVOCACY, 174 WATERFRONT STREET, SUITE ADVERTISING/MARKETIN										- 201	·		

(A) Name and business address	(B) Description of services	(C) Compensation
DDC ADVOCACY, 174 WATERFRONT STREET, SUITE 500, NATIONAL HARBOR, MD 20745	ADVERTISING/MARKETIN G	208,128.
2 Total number of independent contractors (including but not limited to those lists \$100,000 of compensation from the organization ▶ 1		

Form **990** (2012)

			AR IRAN,	INC.			26-2387	657 Page 9
Pai	t VI	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Tts	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
를 를		d Related organizations						
ini,		Government grants (contribut						
tion	f	All other contributions, gifts, gran	ts, and					
ig a		similar amounts not included above	ve 1f 1 ,	789,548.				
da	ç	Noncash contributions included in lines	1a-1f: \$					
<u>a S</u>	ŀ	Total. Add lines 1a-1f		<u> </u>	1,789,548.			
				Business Code				
Ce	2 a	a						
ē š	k	o						
en S	(·						
le J	(d						
Program Service Revenue		e						
۱ ۳		All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including			006	ا مرد ا		
		other similar amounts)			906.	906.		
	4	Income from investment of tax		•				
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss) a Gross amount from sales of	(i) Securities					
	, ,	assets other than inventory	(i) Securities	(ii) Other				
	ı	Less: cost or other basis						
	•	and sales expenses						
	,	Gain or (loss)						
		d Net gain or (loss)		•				
		a Gross income from fundraising						
Other Revenue	-	including \$	-					
e e		contributions reported on line						
Ä.		Part IV, line 18	-					
¥	k	Less: direct expenses						
١		Net income or (loss) from fund						
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	k	Less: direct expenses	b					
	(Net income or (loss) from gam	ning activities					
	10 a	a Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-		Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
	11 a							
	k							
	(
		d All other revenue						
	12	Total. Add lines 11a-11d Total revenue. See instructions.			1.790 454	906.	0.	0.
232009 12-10-		. 5.01 10 70 100. 000 11130 0000115.			<u>,,</u>		<u>.</u>	Form 990 (2012)

THE AMERICAN COALITION AGAINST A

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (B) (D) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 187,689. 143,961. 30,793. trustees, and key employees 12,935. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 112,941. Other salaries and wages 86,629. 18,529. 7,783. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,640. 24,270. Other employee benefits 5,190. 2,180. 9 22,123. 16,969. 3,629. 1,525. Payroll taxes 10 Fees for services (non-employees): Management 93,986. 77,973. 16,013. Legal 17,940. 21,624. 3,684. С Accounting Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 842,187. 786,739. 55,448. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 59,643. 24,425. 35,218. 13 Office expenses 78,754. 81,772. 2,125. 893. Information technology 14 15 Royalties 16 Occupancy 76,428. 76,428. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,398. 1,398. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,187. 4,187. 22 Depreciation, depletion, and amortization 11,829. 9,073. 1,941. 815. 23 Other expenses, Itemize expenses not covered 24 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.) 108,002. 108,002. PROGRAM EXPENSES BOOKS, SUBSCRIPTIONS, 1,958. 646. 1,312. b С d 4,223 1,056. 3,167. All other expenses 1,661,630. 1,454,263. 181,236. 26,131. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

Form 990 (2012)

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

THE AMERICAN COALITION AGAINST A NUCLEAR IRAN, INC.

Form 990 (2012)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response to an	y questior	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			45,254.	1	81,856
2	Savings and temporary cash investments		104,660.	2	254,957	
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net		4			
5	Loans and other receivables from current and f					
	trustees, key employees, and highest compens					
	D		5			
6	Loans and other receivables from other disqua					
"	section 4958(f)(1)), persons described in sectio					
	employees and sponsoring organizations of sec					
ب ا ب	employees' beneficiary organizations (see instr)				6	
Assets 7	Notes and loans receivable, net				7	
·	Inventories for sale or use			9,618.	8	5,703
9				9,010.	9	5,703
10a	Land, buildings, and equipment: cost or other		22 625			
	basis. Complete Part VI of Schedule D	10a	33,635.	7 004		C 422
b		10b		7,804.	10c	6,432
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			167,336.	16	348,948
17	Accounts payable and accrued expenses			66,873.	17	119,661
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
ဖ္က 21	Escrow or custodial account liability. Complete				21	
Liabilities 22	Loans and other payables to current and forme	r officers,	directors, trustees,			
ap	key employees, highest compensated employe	es, and di	squalified persons.			
5	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on line					
	Schedule D	•	·		25	
26	Total liabilities. Add lines 17 through 25			66,873.	26	119,661
	Organizations that follow SFAS 117 (ASC 95			·		•
ဖွ	complete lines 27 through 29, and lines 33 a					
ဋိ 27	Unrestricted net assets			100,463.	27	229,287
<u>g</u> 28	Temporarily restricted net assets				28	
n 29					29	
투 <u></u>	Organizations that do not follow SFAS 117 (A				-	
<u>-</u>	and complete lines 30 through 34.	550/,				
S 30	Capital stock or trust principal, or current funds				30	
98 30	Paid-in or capital surplus, or land, building, or e		I		31	
8 31 32					32	
Net Assets or Fund Balances 2	Retained earnings, endowment, accumulated in			100,463.		229,287
_ 33	Total net assets or fund balances			167,336.	33	348,948
34	Total liabilities and net assets/fund balances			TO1,330.	34	540,540

Form **990** (2012)

Form 990 (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	0,4	63.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22	<u>9,2</u>	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , , ,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	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			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE AMERICAN COALITION AGAINST A NUCLEAR IRAN, INC.

Employer identification number 26-2387657

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this parl	:.) See inst	tructions.				
The organ	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).											
2	•		'0(b)(1)(A)(ii). (Attach Sc									
з 🔲			tal service organization of			170(b)(1)	(A)(iii).					
4 🔲	•	•	operated in conjunction				. ,. ,	(b)(1)(A)(ii	i). Enter	the hospita	al's nan	ne
•	city, and stat				p.10. 0000			(~)(·)(·	.,			,
5 🔲	•		benefit of a college or ur	niversity o	wned or or	nerated by	a governi	mental uni	t describ	ed in		
5	-	(b)(1)(A)(iv). (Comple	-	iivoroity o	Wilca or of	ociated by	a govern	mornar am	t deserre	,ca		
6 🗆			ent or governmental unit	t doscribo	d in coctio	n 170/h)/-	1\/ \A\/\ _\ \\					
7 X								v fram tha	aanaral	مراطييم	oribod	in
/ [25]	•	•	eives a substantial part	or its supp	ort from a	governme	ental unit C	or ironn the	general	public des	cribed	III
•		b)(1)(A)(vi). (Comple		(O l - t -	D4 II.)							
8			ection 170(b)(1)(A)(vi).									,
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 19	/5.
🗀		509(a)(2). (Complete	•									
10	-		perated exclusively to te	· -	-			-				
11 📖	Ü		perated exclusively for the		′ '			•	•			or
		· · ·	ations described in section		-		2). See se o	ction 509(a)(3). Ch	eck the bo	x that	
			organization and comple		-							
	a	-	•	-	nctionally	-				n-functiona	•	_
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified	persons o	ther tha	an
			han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									. Ш
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontributior	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below	,	Yes	No
	the gov	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
(i) Name	of supported	(ii) EIN			rganization			(vi) Is organizațio	the	(vii) Amoui	nt of mo	netary
` '	anization	,	(described on lines 1-9		sted in your		ion in col.	(i) organiz	ed in the		pport	,
			above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-1 fails to qualify under the tests listed below, please complete Part III.)

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

(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

Section	on A. Public Support						
Calendar	r year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts	ts, grants, contributions, and	,	ì	, ,	, ,	, ,	, ,
mer	embership fees received. (Do not						
incl	lude any "unusual grants.")	1831559.	2728082.	1264346.	915,971.	1789548.	8529506.
2 Tax	x revenues levied for the organ-						
izati	tion's benefit and either paid to						
or e	expended on its behalf						
3 The	e value of services or facilities						
furn	nished by a governmental unit to						
the	organization without charge						
4 Tota	tal. Add lines 1 through 3	1831559.	2728082.	1264346.	915,971.	1789548.	8529506.
5 The	e portion of total contributions						
by e	each person (other than a						
gov	vernmental unit or publicly						
sup	oported organization) included						
on I	line 1 that exceeds 2% of the						
amo	ount shown on line 11,						
colu	umn (f)						6312231.
6 Pub	blic support. Subtract line 5 from line 4.						2217275.
Section	on B. Total Support						
Calendar	r year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amo	nounts from line 4	1831559.	2728082.	1264346.	(d) 2011 915,971.	1789548.	8529506.
8 Gro	oss income from interest,						
divid	idends, payments received on						
sec	curities loans, rents, royalties						
and	d income from similar sources	584.	4,216.	2,465.	932.	906.	9,103.
9 Net	t income from unrelated business						
acti	tivities, whether or not the						
bus	siness is regularly carried on						
10 Oth	ner income. Do not include gain						
or lo	oss from the sale of capital						
asse	sets (Explain in Part IV.)						
11 Tota	tal support. Add lines 7 through 10						8538609.
12 Gro	oss receipts from related activities,	etc. (see instruction	ons)			12	
13 Firs	st five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	anization, check this box and stop						> X
	on C. Computation of Publ						
	blic support percentage for 2012 (l					14	%
15 Pub	blic support percentage from 2011	Schedule A, Part	II, line 14			15	%
	1/3% support test - 2012. If the o	•		•		•	
	pp here. The organization qualifies						
	b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	d stop here. The organization qual						
	% -facts-and-circumstances tes						
	d if the organization meets the "fac			=	· ·	-	
	ets the "facts-and-circumstances"	-	· ·		-		
h 100/	% -facts-and-circumstances tes	t - 2011. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or
mor	ore, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain		
mor orga	re, and if the organization meets the panization meets the "facts-and-ciron vate foundation. If the organization	ne "facts-and-circu cumstances" test.	mstances" test, ch The organization c	neck this box and a qualifies as a public	stop here. Explain	anization	▶□

Schedule A (Form 990 or 990-EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	iow, piedoc com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
		#10000	() 0040	(1) 0044	() 0040	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2011. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	> L

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

 $If the organization \ answered \ "Yes," \ to \ Form \ 990, \ Part \ IV, \ line \ 3, \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then$

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.				
Nan		RICAN COALITION A	GAINST A		Emplo	yer identification number
	NUCLEAR	IRAN, INC.				26-2387657
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 5	27 or	ganization.
2	Provide a description of the organize Political expenditures Volunteer hours	·				
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).		
1	Enter the amount of any excise tax				> \$	
	Enter the amount of any excise tax					
	If the organization incurred a section					
	a Was a correction made?					
k	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section	501(c	:)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	▶\$_	
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ction 527		
	exempt function activities				▶\$_	
3	Total exempt function expenditures		,		_	
	line 17b				▶\$_	
	Did the filing organization file Form					
5	Enter the names, addresses and er		•	-		
	made payments. For each organiza	·				·
	contributions received that were pr political action committee (PAC). If			•	eparate	e segregated fund or a
		1	1	1	- 1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization		(e) Amount of political contributions received and
				funds. If none, ente		promptly and directly
						delivered to a separate
						political organization. If none, enter -0
						,

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041

Schedule C (Form 990 or 990-EZ) 2012	NOCLE:	AR IRA	M, INC.			38/65/ Page 2
Part II-A Complete if the org	-		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check 🕨 📖 if the filing organiza	ation belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures).			
B Check 🕨 📖 if the filing organiza	ation check	ed box A ar	nd "limited control" pro	ovisions apply.		
Limi	its on Lobi	oying Expe	nditures		(a) Filing	(b) Affiliated group
			ınts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to infl					1,623.	
b Total lobbying expenditures to infl					1 600	
c Total lobbying expenditures (add I	ines 1a an	d 1b)			1,623.	
d Other exempt purpose expenditur					1,660,007.	
e Total exempt purpose expenditure	es (add line	s 1c and 1c	d)		1,661,630.	
f Lobbying nontaxable amount. Ent		unt from the	e following table in bot	h columns.	233,082.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00		\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)			58,271.	
h Subtract line 1g from line 1a. If zer	-				0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				L	Yes No
			eraging Period Under			
				n do not have to comp		
cc				es 2a through 2f on pa	ige 4.)	
	Lobk	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year			# N 00 4 0		(1) 00 (0	
(or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
				155 046	000	411 000
2a Lobbying nontaxable amount				177,946.	233,082.	411,028.
b Lobbying ceiling amount						616 540
(150% of line 2a, column(e))						616,542.
				0 252	1 600	
c Total lobbying expenditures				2,370.	1,623.	3,993.
				44 405	E0 051	100 750
d Grassroots nontaxable amount				44,487.	58,271.	102,758.
e Grassroots ceiling amount						154 105
(150% of line 2d, column (e))						154,137.
	I		I			

Schedule C (Form 990 or 990-EZ) 2012

1,623.

f Grassroots lobbying expenditures

2,370.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		,_ \			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)((5), or se	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), secti			otion		
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				10 3 ic	
	answered "Yes."	140, 01	i (b) Fai	t III-A, III	ie 0, 15	
1	Dues, assessments and similar amounts from members		1			
_						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	Cai				
_			20			
	Current year					
	Carryover from last year					
_	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	and different many transport		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par			3			
				liath. David II	A line O:	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P Part II-B, line 1. Also, complete this part for any additional information.	art II-A (allilla	ateu group	iist), rait ii	A, III le 2,	
anu	Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

THE AMERICAN COALITION AGAINST A

Employer identification number 26-2387657

Pai	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		or recomplete in the
	organization anowored 165 to 16111 666,1 art 17, line 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			
5	Aggregate value at end of year	ng that the assets held in donor advise	ad funde
J	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advis		
U	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (
•	Preservation of land for public use (e.g., recreation or educ		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Troodivation of a contin	The The Strategie
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		or a concentation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			a.
С	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		
3	Number of conservation easements modified, transferred, releas		
	year▶	,	
4	Number of states where property subject to conservation easem	ent is located	
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	l enforcing conservation easements du	ring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(I	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	·	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	-	
	historical treasures, or other similar assets held for public exhibit		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pub	lic 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 treasur		gain, provide
	the following amounts required to be reported under SFAS 116 (.
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

c Beginning balance

d Additions during the year

Distributions during the year

Ending balance

		THE AMERICAN COALITION AGAINST A		
che	dule D	(Form 990) 2012 NUCLEAR IRAN, INC.	26-2387657	Page 2
Pai	t III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim	ilar Assets(continu	ied)
3	Using	the organization's acquisition, accession, and other records, check any of the following that are a significant	nt use of its collection	items
	(chec	k all that apply):		
а		Public exhibition d Loan or exchange programs		
b		Scholarly research e Other		
С		Preservation for future generations		
4	Provi	de a description of the organization's collections and explain how they further the organization's exempt pur	pose in Part XIII.	
5	Durin	g the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets		
	to be	sold to raise funds rather than to be maintained as part of the organization's collection?	Yes	└─ No
Pai	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 99	90, Part IV, line 9, or	
		reported an amount on Form 990, Part X, line 21.		
1a	Is the	organization an agent, trustee, custodian or other intermediary for contributions or other assets not include	d	
	on Fo	rm 990, Part X?	Yes	└─ No
h	If "Ye	s " explain the arrangement in Part XIII and complete the following table:		

2a	a Did the organization include an amount on Form 990, Part X, line 21?						U No		
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has beer	n provided in Part XII	I				
Pa	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back		
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:	-				
а	Board designated or quasi-endowment		%						

	The percentages in lines 2a, 2b, and 2c should equal 100%.					
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization					
	by:		Yes	No		
	(i) unrelated organizations	3a(i)				
	(ii) related organizations	3a(ii)				
h	If "Ves" to 3a(ii) are the related organizations listed as required on Schedule R2	3h				

	Describe in Part XIII the intended uses of the organization's endowment funds.						
Part VI Land, Buildings, and Equipmen	L. See Form 990, Part X	, line 10.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation							
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment		33,635.	27,203.	6,432.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)							

Schedule D (Form 990) 2012

Amount

1c

1d

1e 1f

Permanent endowment

Temporarily restricted endowment ▶

NUCLEAR	TRAN.	TNC.
MOCHEAN	T 1/2711 '	T11C •

26-2387657 _{Page} ;	2	6 -	- 2	38	7	6	5	7	Page	3
------------------------------	---	-----	-----	----	---	---	---	---	------	---

Part VII	Investments - Other Securities. See	e Form 990, Part X, li	ne 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financi	ial derivatives				
	r-held equity interests				
(3) Other	Thora equity interests				
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)					
<u>(I)</u>					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	I Investments - Program Related. Se				
	(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(b) must squal Form 000 Port V sol (P) line 12)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line	15			
raitix		Description			(b) Book value
	(a)	Description			(b) DOOK Value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line			>	
Part X	Other Liabilities. See Form 990, Part X, I	ine 25.			
1.	(a) Description of liability		(b) Book value		
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				-	
(11) T-1-1 (Calc	man (h) must agust Farma 000 Barry and (D) "	25)		-	
i otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	<i>⊇ 25.)</i> ▶			

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

Schedule D (Form 990) 2012

	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per R	eturr	l
1	Total revenue, gains, and other support per audited financial statements			1	1,854,264
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		63,810.		
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	63,810
3	Subtract line 2e from line 1			3	1,790,454
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,790,454
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	1,725,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	63,810.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	63,810.
3	Subtract line 2e from line 1			3	1,661,630.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,661,630.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a an	d 4; Part IV, lines 1	and 2	2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
PAI	RT X, LINE 2: ACANI'S ACCOUNTING POLICY PRO	OVIDES	THAT A TA	X E	XPENSE
<u>OR</u>	BENEFIT FROM AN UNCERTAIN TAX POSITION MA	Y BE RE	ECOGNIZED	WHE	N IT IS
MOI	RE LIKELY THAN NOT THAT THE POSITION WILL I	BE SUST	TAINED UPO	N E	XAMINATION,
IN	CLUDING RESOLUTIONS OF ANY RELATED APPEALS	OR LIT	IGATION P	ROC	ESSES,
BAS	SED ON THE TECHNICAL MERITS. ACANI HAS NO	UNCERTA	AIN TAX PO	SIT	ION

RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT.

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization $\begin{tabular}{lllll} THE & AMERICAN & COALITION & AGAINST & A \\ \end{tabular}$

Employer identification number

NUCLEAR IRAN, I				26-23876	
		ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes"
to Form 990, Par					
			ds to substantiate the amount of its gr		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	tside the
United States.					
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)	1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	PROGRAM SERVICES	EDUCATION AND ADVOCACY	325,400.
3 a Sub-total	0	0			325,400.
b Total from continuation					1
sheets to Part I	0	0			0.
c Totals (add lines 3a	0	0			325 400.

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

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

26-2387657

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)			
the IRS, or for which	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

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

-	2	3	8	7	6	5	7	Page 4

Sched	ule F (Form 990) 2012 NUCLEAR IRAN, INC.	26-2387657	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE AMERICAN COALITION AGAINST A NUCLEAR IRAN, INC.

Employer identification number 26-2387657

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPLEMENTED AN EDUCATIONAL CAMPAIGN DESIGNED TO INCREASE THE PROMINENCE

OF IRANIAN ISSUES IN EUROPE AND COMPEL STRATEGICALLY SIGNIFICANT

PRIVATE-SECTOR BUSINESSES TO END THEIR WORK IN IRAN AS A WAY OF

FURTHERING COMPLIANCE WITH INTERNATIONAL SANCTIONS REGIMES AND

ENCOURAGING THE IRANIAN GOVERNMENT TO PEACEFULLY RESOLVE ITS CONFLICTS

WITH THE INTERNATIONAL COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE COMPLETED AND COPIES WILL BE PROVIDED TO THE ENTIRE GOVERNING BOARD, ANNUALLY, WELL AS THE PRESIDENT/CEO OF ACANI. AT THAT TIME, THE PRESIDENT/CEO WILL REVIEW THE FORM 990 WITH THE DESIGNATED COMMITTEE. ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE PRESIDENT/CEO IS IN AGREEMENT WITH THE COMMITTEE ON THE FINISHED FORM IT WILL BE SIGNED BY THE PRESIDENT/CEO, DATED, AND SUBMITTED BY THE FILING DEADLINE. A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED TO ALL OF THE OFFICERS, DIRECTORS, AND TRUSTEES BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORED BY ANNUAL DISCLOSURE/CONFIDENTIAL DISCLOSURE TO ONE OF ACANI'S DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS INCLUDES THE USE OF

COMPARABLE COMPENSATION DATA, ANNUAL REVIEW AND APPROVAL BY THE BOARD, AND

CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. ANY BOARD MEMBERS WITH A

CONFLICT OF INTEREST REFRAIN FROM REVIEWING AND APPROVING HIS OR HER

COMPENSATION ARRANGEMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE AMERICAN COALITION AGAINST A NUCLEAR IRAN, INC.	Employer identification number 26-2387657
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	
NY, AL, AK, AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WV, WI, WA	MN, MS, MO, NH, NJ, NM
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING AND RESEARCH: PROGRAM SERVICE EXPENSES	786,739.
MANAGEMENT AND GENERAL EXPENSES	55,448.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	842,187.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	842,187.
FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING LI	
ACANI HAS A FINANCE COMMITTEE THAT IS RESPONSIBLE FOR THE THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.	E OVERSIGHT OF

FORM 990 PAGE 10

Asset No.	Description	Da [.] Acqu	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT												
	SERVERS, MULTIPLE HARD DRIVES& PERIPH	050:	108	SL	3.00	16	11,498.			11,498.	11,498.		0.
		071	0 0 9	SL	3.00	16	3,050.			3,050.	2,541.		0.
3	4 MS OFFICE 2007 SUITES, FIREWALL SE		909	SL	3.00	16	4,275.			4,275.	3,682.		0.
	DELL LATITUDE E6400 COMPUTER	011:	309	SL	3.00	16	1,580.			1,580.	1,144.		0.
	LAPTOP COMPUTER FOR	102:	309	SL	3.00	16	1,748.			1,748.	1,263.		437.
		102'	710	SL	3.00	16	1,469.			1,469.	488.		490.
	XEROX COPIER THINKPAD FOR DAVID	1108	8 1 0	SL	3.00	16	7,200.			7,200.	2,400.		2,400.
		012	412	SL	3.00	16	1,345.			1,345.			411.
	THINKPAD NOTEBOOK * 990 PAGE 10 TOTAL	021:	3 1 2	SL	3.00	16	1,470.			1,470.			449.
	MACHINERY & EQUIPM						33,635.		0.	33,635.	23,016.	0.	4,187.
	* GRAND TOTAL 990 PAGE 10 DEPR						33,635.		0.	33,635.	23,016.	0.	4,187.

228102 05-01-12

⁽D) - Asset disposed

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

2012

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967) Information about Form 4720 and its separate instructions is at www irs gov/form4720 ·

For	calendar ye	ar 2012 or other tax year beginning	, 2012, and	ending	,	
	-	zation or entity			Employer	identification number
		RICAN COALITION A	GAINST A			
		IRAN, INC.			26-2	387657
		and room or suite no. (or P.O. box if m	ail is not delivered to street address)			for type of annual return:
Р.	0. BC	X 1028			X Forr	n 990 🔲 Form 990-EZ
City	or town, sta	ate, and ZIP code			Forr	n 990-PF
NE	W YOR	K, NY 10185-1028			Forr	n 5227
						Yes No
Α	Is the orga	nization a foreign private foundation wit	hin the meaning of section 4948(b)?			X
В	Has correc	tive action been taken on any taxable ev	ent that resulted in Chapter 42 taxes b	eing reported on this form? (Enter "N	/A" if not ap	plicable) N/A
	If "Yes," atta	ach a detailed description and documen	tation of the corrective action taken an	d, if applicable, enter the fair market	value of any	property recovered as a
	result of th	e correction > \$. If "No," (i.e., any uncorrecte	d acts or transactions), attach an exp	lanation (se	ee instructions).
F	Part I	Taxes on Organization (Secti	ions 170(f)(10), 664(c)(2), 4911(a), 4912(a), 494	2(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965	5(a)(1), and 4966(a)(1))
1		ndistributed income - Schedule B, line				
2	Tax on e	xcess business holdings - Schedule C,	line 7		2	
3		nvestments that jeopardize charitable pu				
4		axable expenditures - Schedule E, Part I				
5		olitical expenditures - Schedule F, Part				
6		xcess lobbying expenditures - Schedule				
7	Tax on d	isqualifying lobbying expenditures - Scl				
8		remiums paid on personal benefit contr				
9	Tax on b	eing a party to prohibited tax shelter tra				
10		axable distributions - Schedule K, Part I.				
11	Tax on a	charitable remainder trust's unrelated t				
12		allure to meet the requirements of section				
13		dd lines 1 - 12)				
			-Dealers, Disqualified Per			and Related Persons
Р	art II-A		(a)(2), 4945(a)(2), 4955(a)(2), 4958			
		(a) Name ar	nd address of person subject to tax		(b) Tax	cpayer identification number
a						
b						
c						
		(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax Sc	on political expenditures - hedule F, Part II, col. (d)
a						
<u>b</u>						
C						
Tot	al					
		(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d)	(i) lax on being a party to prohibite tax shelter transactions - Schedule Part II, col. (d)	ι Ι ()) ια	x on taxable distributions - nedule K, Part II, col. (d)
<u>a</u>						
<u>b</u>						
<u>C</u>						
Tot	al					
		(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)			(I) Tota	al - Add cols. (c) through (k)
<u>a</u>						
<u>b</u>						
C	_					
Tot	10.1					F 4700 (00 10)
01-1	14-13 LHA	For Privacy Act and Paperwork Red	uction Act Notice, see the separate in	nstructions.		Form 4720 (2012)

Part II	I-B Summ	nary of Taxes (See Tax Paym	ents in the ir	nstructions.)		-	rugo z
1 Enter	the taxes listed in	n Part II-A, column (I), that apply to mana	gers, self-deale	rs, disqualified			
perso	ons, donors, dono	or advisors, and related persons who sign	this form. If all	sign, enter the			
	amount from Part					1	
		ine 13, and Part II-B, line 1				2	
		ing amount paid with Form 8868 (see inst				3	
		ger than line 3, enter amount owed (see i			-	5	0.
5 Over	payment. II iiile 2	is smaller than line 3, enter the difference? SCHEDULE A - II				0	
Part I	Acts of	Self-Dealing and Tax Comp			9 (0000011 4041)		
(a) Act number	(b) Date of act			(c) Description	n of act		
1							
2							
3							
4							
5 (4)	Ougation numba	refrom Form 000 DE Dort VII D. or			(f) Initial toy an aulf	(a)	Tax on foundation managers
		er from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amount	t involved in act	(f) Initial tax on self- dealing (10% of col. (e))		pplicable) (lesser of \$20,000 or 5% of col. (e))
Part II	Summa	ary of Tax Liability of Self-De	ealers and	Proration of	Payments		
	(a)	Names of self-dealers liable for tax		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	liabilit <u>y</u>	y (add amounts in col. (c)) (see instructions)
						_	
						-	
						-	
Part II	II 0		-1: 14-		and a filter of December 1		
Part		ary of Tax Liability of Found	ation Mana	(b) Act no. from	(c) Tax from Part I, col. (g),	(d) N	lanager's total tax liability
	(a) Name	es of foundation managers liable for tax		Part I, col. (a)	or prorated amount	(a	lanager's total tax liability dd amounts in col. (c)) (see instructions)
							,,
						4	
						4	
						\dashv	
						1	
		SCHEDULE B - Initia	I Tax on U	ndistributed	Income (Section 4942)		
		ne for years before 2011 (from Form 990-				1	
		ne for 2011 (from Form 990-PF for 2012,				2	
		ncome at end of current tax year beginnir	-				
und	der section 4942	(add lines 1 and 2)				3	
4 Ta:	x - Enter 30% of I	line 3 here and on Part I, line 1				4	Form 4720 (2012)

Form 4720 (2012)

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

		SCHEDOLE C - Initial Tax	OII E	cess busines	S HOI	Gection 4943)	
Busines	s Holdings and	d Computation of Tax					
-		gs in more than one business enterprise,	attach a	separate schedule fo	or each e	nterprise. Refer to the ins	structions for
	n before making any						
name and ad	ldress of business er	петрпѕе					
Employer ide	entification number					>	
Form of ente	rprise (corporation, r	partnership, trust, joint venture, sole prop	orietorshi	ip, etc.)		>	
-	1 \ 1 /1	1, ,, , , , , , , , , , , , , , , , , ,		(a)		(b)	(c)
				Voting stock (profits interes beneficial inter	t or	Value	Nonvoting stock (capital interest)
1 Foundat	ion holdings in busin	ness enterprise	1				
2 Permitte	ed holdings in busine	ss enterprise	2				
	-	pusiness enterprise	3				
days; or	excess holdings disposition, other value of excess	ss holdings not					
5 Taxable	excess holdings in b	attach explanation) usiness 4					
		4					
7 Total ta	x - Add amounts on I	ine 6, columns (a), (b), on Part I, line 2	7				
(-/,		D - Initial Taxes on Investi	ments	That Jeopard	lize C	haritable Purpos	e (Section 4944)
Part I	Investment	s and Tax Computation					
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount of investment		(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1							
2							
3	 						
	nn (e). Enter here and	d on Part I, line 3					
Total - colun	nn (f). Enter total (or	prorated amount) here and in Part II, col	umn (c),	below			
Part II	Summary o	f Tax Liability of Foundation	n Man		oratio	n of Payments	
	(a) Names of fo	oundation managers liable for tax		(b) Investment no. from Part I, col. (a)	(c) Ta	ax from Part I, col. (f), r prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							-
							1

01-14-13

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

	``		- IIIItai Taxes oii Taxab	ne Expend	iitai	66 (3ection 4943)		
Part I	Expenditures a	and Computa	ition of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of	recipient				enditure and purposes h made
1								
2								
3								
4								
5								
(f) Ques Form (stion number from Form 990 5227, Part VI-B, applicable to	-PF, Part VII-B, or the expenditure	(g) Initial tax imposed on (20% of col. (b)					dation managers (if applicable)- or 5% of col. (b))
Part I, lin	olumn (g). Enter here and on e 4							
	olumn (h). Enter total (or pro	,						
below	I O	!ab!!!! (6 F			of Doubles :		
Part I	Summary of Ta	ax Liability of	f Foundation Managers a				h\	(d) Manager's total tax liability
	(a) Names of fo	oundation manager	s liable for tax	(b) Item no. fr Part I, col. (a	om a)	(c) Tax from Part I, col. (l or prorated amount	n),	(add amounts in col. (c)) (see instructions)
					4			
					1		1	
					\dashv		_	
					_			
					+		_	
	;	SCHEDULE F	- Initial Taxes on Politic	al Expend	ditur	'es (Section 4955)		
Part I	Expenditures a	and Computa	ntion of Tax					
(a) Item		(c) Date paid) Initial tax imposed on		(f) Initial tax imposed on
number 1	(b) Amount	or incurred	(d) Description of political exp	penditure	org	anization or foundation (10% of col. (b))		anagers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
2								
3								
4								
5								
	olumn (e). Enter here and on	Part I, line 5						
Total - co	olumn (f). Enter total (or pror	ated amount) here	and in Part II, column (c), below					
Part I			ization Managers or Foundation	n Managers	and	Proration of Paymer	nts	
	(a) Name:	s of organization mation managers liabl	anagers or	(b) Item no. Part I, col	. from		l. (f),	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								1
								1
								1
								_

224091 01-14-13

Expenditures and Computation of Tax

Part I

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section	4911
---	------

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ),		
	Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ),		
	Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3	
1	Tax - Enter 25% of line 3 here and on Part I, line 6	۱ ۵	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

(a) Item number		or incurred	(d) Description of lobbying expenditures		organization (5% of col. (b))	managers (if applicable)- (5% of col. (b))
1						
2						
3						
4						
5						
Total - co	olumn (e). Enter here and on	Part I, line 7				
			and in Part II, column (c), below			
Part	II Summary of Ta	ax Liability of	Organization Manag	<u> </u>		
(a) Names of organization managers liable for tax				(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benef	it Transaction	s and Tax Computation					
(a) Transaction number	(b) Date of transaction	(c) Description of transaction						
1								
2								
3								
4								
5								
	(d) Amount of excess	benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))				
			<u>L</u>	Form 4720 (2012)				

Form 4720 (2012)

NUCLEAR IRAN, INC.

Part II		DULE I - Initial Tax				
	(a) Names o	of disqualified persons liable for t	ax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, or prorated amou	
Part III	Summary of 1	Γax Liability of 501	(c)(3), (c)(4) &	(c)(29) Organizatio	n Managers aı	nd Proration of Payments
		c)(4) & (c)(29) organization manage		(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, or prorated amou	col. (f), (d) Manager's total tax liability (add amounts in col. (c))
	SCHEDIII E	J - Taxes on Bein	a a Dorty to D	robibited Tax Sha	 tor Transactio	And (Section 4065)
Part I	Prohibited Ta	x Shelter Transact	ions (PTST) a	nd Tax Imposed o	n the Tax-Exer	mpt Entity
		(c) Type of transaction				
(a) Transaction number	(b) Transaction date	1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection		(d) Descript	ion of transaction	
1						
2						
3						
4						
5						
(a) Did that	tov evernt entity know	lor l				
have reason was a PTST	tax-exempt entity know n to know this transacti when it became a part ction? Answer Yes or N	ion v to (f) Net income attrib	utable to the PTST	(g) 75% of proceeds attr PTST	ibutable to the	(h) Tax imposed on the tax-exempt entity (see instructions)
Total sales	nn (h) Enter hara ar d	on Port Libra 0				
224102 01-14-13	nn (h). Enter here and	on Part I, line 9				Form 4720 (201

THE AMERICAN COALITION AGAINST A

Form 4720 (2	2012)	NUCLEAR IRAN, INC.					26-	2387657	Page '
Part II	Tax	Imposed on Entity Managers (Se	ction 4965) Continu	ied					
		(a) Name of entity manager		nu	Transaction umber from art I, col. (a)	transact	enter \$20,000 for each ion listed in col. (b) for manager in col. (a)	(d) Manager's t liability (add am in col. (c)	nounts
						<u> </u>			
	SCHE	DULE K - Taxes on Taxable Dis	tributions of 9	Snone	soring Or	aaniza	tione Maintair	ning Donor	
	SOLIE		dvised Funds					illing Dollor	
Part I	Taxa	ble Distributions and Tax Comp			,				
(a) Item number		(b) Name of sponsoring organization donor advised fund	n and			(0) Description of distri	ibution	
1									
2									
2									
3									
4									
(d) Dat	e of		(f) Tax imp	osed o	<u>l</u> n organizatioı	1	(a) Tax on fund	managers (lesser	of 5%
distribu		(e) Amount of distribution	(20% of col. (e))			of col. (e) or \$10,000)			
Total - colum	nn (f). Ente	L er here and on Part I, line 10							
		er total (or prorated amount) here and in Part II	, column (c), below						
Part II		mary of Tax Liability of Fund Ma		rora	tion of Pa	aymen	ts		
		(a) Name of fund managers liable for tax			Item no. from art I, col. (a)		x from Part I, col. (g) prorated amount	(d) Manager's total (add amounts in (see instructi	col. (c))
				L					
						-			
						-			
				1		1		ı	

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

Part I	Prohibited Ber	nefits and Tax	c Computation	401,0110.		
(a) Item number	(b) Date of prohibited benefit			escription of benefit		
1						
2						
3						
<u>4</u> 5						
			(e) Tax on prohibited bene	fit (125% of col. (d))	(f) Tax on fund manage	ers (if applicable) (lesser of
(d) Amount of prohibited	l benefit	(see instruc	tions)	10% of col. (d) or \$1	0,000) (see instructions)
Part II	Summary of T	ax Liability of	Donors, Donor Advis	sors, Related Pe	ersons and Proratio	1
	(a) Names of donors, do	onor advisor, or related	persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)
Part III	Tax Liability of	f Fund Manag	gers and Proration of	Payments		
		of fund managers liable		(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)

Form 4720 (2012)

Schedule M - Tax on Failure to Meet the Community Health Needs Assessment Requirements (Section 501(r)(3)) (See instructions)

	nequirements (Section 50 1(r)(5)). (See instructions.)							
Part	Part I Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3)							
(a) Item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospi facility last conduct a CHNA		(e) Tax year hospital facility last adopted an implementation strategy			
1								
2								
3								
4								
5								
Part	II Computation of Tax							
1 Nu	1 Number of hospital facilities operated by the hospital organization that failed to meet the Community							
He	alth Needs Assessment requirements of sect	1						
2 Ta	x - Enter \$50,000 multiplied by line 1 here ar	2						

	and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer)									
	PRESIDENT									
	Signature of officer or trustee	110101111	Title		Date					
Sign	Signature (and organization or entity name if applicable) of manager, self-dealer, discorrelated person	qualified person, do	nor, donor advi	sor,	Date					
Sign Here	Signature (and organization or entity name if applicable) of manager, self-dealer, discorrelated person	qualified person, do	nor, donor advi	sor,	Date					
	Signature (and organization or entity name if applicable) of manager, self-dealer, discorrelated person	qualified person, do	nor, donor advi	sor,	Date					
	Signature (and organization or entity name if applicable) of manager, self-dealer, discorrelated person	qualified person, do	nor, donor advi	sor,	Date					
	May the IRS discuss this return with the preparer shown below? (see instructions)			Yes	No					
Paid	Print/Type preparer's name Preparer's signature GUS SALIBA GUS SALIBA	Date 07/26/13	Self- employed		243493					
Preparer Use Only	Firm's name ► FRUCHTER ROSEN & COMPANY, P.C.		Firm's EIN							
	Firm's address ► 156 WEST 56TH STREET, SUITE 18 NEW YORK, NY 10019	04	Phone no.	(212)9	57-3600					