

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90241 035 \*\*\*\*61.25

40063710



03242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3438465**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MILLER, ROBERT S**  
**679 SILVERCREEK DR**  
**WINTER SPRINGS, FL 32708**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFF, DELKHWAZ 10903 AMHERST AVE SILVER SPRING, MD 20902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN KLEIN 121 N. HENRY ST. ALEXANDRIA, VA 22314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, DAVID 4007 LONGWOOD DR FREDERICKSBURG, VA 22408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMOND, HARRY 2000 S EADS ST ARLINGTON, VA 22202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, JOHN 3521 FREDMAR LN PLANO, TX 75203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMDIN, NIYAR 1050, 17TH ST. NW, SUITE 600 WASHINGTON, DC 20036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT S 679 SILVERCREEK DR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(407) 327-4043

ATTACHMENT 40065716

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2006****Open to Public  
Inspection****A** For the 2006 calendar year, or tax year beginning

, 2006, and ending

, 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

ZOR FOUNDATION INC.

Number and street (or P.O. box, if mail is not delivered to street address)

679 SILVERCREEK DR

Room/suite

City or town, state or country, and ZIP + 4

WINTER SPRINGS FL 32708

**D** Employer identification number

59-3438465

**E** Telephone number

(407) 327-4043

**F** Group Exemption Number

Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ►**H** Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one) ☒ 501(c)(3) (Insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1 23,041.12
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a
	6b	Less: direct expenses other than fundraising expenses	6b
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 23,041.12	
Expenses	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid to or for members	11 386.25
	12	Salaries, other compensation, and employee benefits	12
	13	Professional fees and other payments to independent contractors	13 857.72
	14	Occupancy, rent, utilities, and maintenance	14 3,398.12
	15	Printing, publications, postage, and shipping	15 4,532.78
	16	Other expenses (describe ►)	16 13,866.15
	17	Total expenses (add lines 10 through 16)	17 23,041.12
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20	Other changes in net assets or fund balances (attach explanation)	20
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22
23	Land and buildings	23
24	Other assets (describe ►)	24
25	Total assets	25
26	Total liabilities (describe ►)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2006)

## ATTACHMENT 40065716

#19700002264

Form 990-EZ (2006)

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**Part III Statement of Program Service Accomplishments** (See page 51 of the instructions.)**Expenses**

What is the organization's primary exempt purpose? INT'L PEACE, HUMAN RIGHTS, RULE OF LAW  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 HUMAN RIGHTS ADVOCACY: 3 INT'L NGO CONFERENCES IN EUROPE AND ME, AND 4 US FORUMS ON INT'L HUMAN RIGHTS CONVENTIONS RE VICTIMS OF CONFLICT, PRISONERS AND DISPLACED PERSONS. PUBLISHED 4 CONFERENCE PAPERS.

(Grants \$ ) If this amount includes foreign grants, check here ☐

28a

10,368.60

29 INT'L PEACE AND CONFLICT AVOIDANCE: ATTENDED 8 INT'L VISITOR FORUMS, HOSTED INT'L FUNCTIONS, CONTACTED 26 IRAQI LEADERS RE DEMOCRATIC RULE OF LAW AND NAT'L RECONCILIATION. MAILED 78 LETTERS AND E-MAILS.

(Grants \$ ) If this amount includes foreign grants, check here ☐

29a

9,216.45

30 CREATION OF DEMOCRATIC GOVT: THRU NGO NETWORKS CONTINUED TO EXPAND ADVOCACY FOR OIL TRUST FUND AND 4 PROVINCE FEDERAL IRAQI SOLUTION FOR POST WAR GOVERNMENT.

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

3,456.17

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

0

32 Total program service expenses (add lines 28a through 31a)

32

23,041.12

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 52 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
D. ELUS, FREDRICKSBURG, VA	DIRECTOR 1	-0-	-0-	-0-
J. NORMAN, LONDON, UK	DIRECTOR .5	-0-	-0-	-0-
C. KLEIN, ALEXANDRIA, VA	DIRECTOR 2	-0-	-0-	-0-
N. SHEMDIN, VIENNA, VA	DIRECTOR 8	-0-	-0-	-0-
D. JAFFE, RESTON, VA	DIRECTOR 3	-0-	-0-	-0-
R. MILLER, WINTERSPRING, FL	DIRECTOR 22	-0-	-0-	-0-

**Part V Other Information** (Note the statement requirement in General Instruction V.)

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

✓

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

✓

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

✓

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b

✓

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

36

✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a

37b

✓

b Did the organization file Form 1120-POL for this year?

37b

✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

✓

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

-0-

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

-0-

b Gross receipts, included on line 9, for public use of club facilities

39b

-0-

Form 990-EZ (2006)

ATTACHMENT

40065716

#197000002264

Form 990-EZ (2006)

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**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ -0-**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ -0-**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40b</b>		<input checked="" type="checkbox"/>
<b>40c</b>		<input checked="" type="checkbox"/>
<b>40e</b>		<input checked="" type="checkbox"/>

**41** List the states with which a copy of this return is filed. ▶ FLORIDA**42a** The books are in care of ▶ R. S. MILLERTelephone no. ▶ (407) 327-4043Located at ▶ 679 SILVERCREEK DR. WINTER SPRINGSZIP + 4 ▶ 32708**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		<input checked="" type="checkbox"/>
<b>42c</b>		<input checked="" type="checkbox"/>

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43****Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Robert S. MillerDate ▶ 8 April 2007Type or print name and title ▶ ROBERT S. MILLER, PRESIDENT & CEO**Paid Preparer's Use Only**

Preparer's signature ▶

Date

Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

EIN ▶

Phone no. ▶ ( ) -

Form **990-EZ** (2006)

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