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ARMANINO LLP

2700 Camino Ramon., Suite 350 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change ISRAEL EMERGENCY ALLIANCE Name change STANDWITHUS 01-0566033 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated P.O. BOX 341069 (310) 836-6140 29,265,850. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LOS ANGELES, CA 90034 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROZ ROTHSTEIN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.STANDWITHUS.COM J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO EDUCATE ABOUT ISRAEL AND Governance FIGHT RISING ANTISEMITISM. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 46 3 Number of voting members of the governing body (Part VI, line 1a) 3 46 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 142 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 90 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 22.876.282. 22,832,472. Contributions and grants (Part VIII, line 1h) 8 Revenue 187,183 199,482. Program service revenue (Part VIII, line 2g) 110,341 -214,662. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 40,214. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38,965 11 23,212,771 22,857,506. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,082,496. 11,821,086. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 30 911. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 4,701,797. 8,108,272. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,815,204. 19,929,358. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,397,567. 2,928,148. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 25,985,989 28,445,145. Total assets (Part X, line 16) 1,878,491 2,932,784. 21 Total liabilities (Part X, line 26) 三年 24,107,498. 25,512,361. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROZ ROTHSTEIN, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature KATY BROWN KATY BROWN 11/13/23 P00650274 Paid 94-6214841 ARMANINO LLP Preparer Firm's name Firm's EIN 11766 WILSHIRE BLVD 9TH FLOOR Use Only Firm's address Phone no.310-478-4148 LOS ANGELES, CA 90025 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: STANDWITHUS IS AN INTERNATIONAL, EDUCATION ORGANIZATION DEDICATED TO		
	INFORMING THE PUBLIC ABOUT ISRAEL & COMBATING EXTREMISM &		
	ANTI-SEMITISM. WE BELIEVE EDUCATION IS THE ROAD TO PEACE. (SEE		
	CONTINUATION ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not liste	d on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ions to others, the tota	l expenses, and
	revenue, if any, for each program service reported.		
4a) (Revenue \$	178,955.
	COMMUNITY SUPPORT, EDUCATIONAL MATERIALS AND ACTIVITIES IN THE U.S.		
	THE PROFESSIONALS AT STANDWITHUS RECOGNIZE THAT THE SAME ANTISEMITIC		
	PROPAGANDA THAT IS BEING PROMOTED ON CAMPUSES IS ALSO USED IN HIGH		
	SCHOOLS AND IN COMMUNITIES AROUND THE WORLD TO ACHIEVE THE SAME		
	DESTRUCTIVE GOALS. THE MAIN GOAL IS TO CREATE ANIMOSITY TOWARDS ISRAEL		
	AND ITS SUPPORTERS. THE BOYCOTT MOVEMENT AGAINST ISRAEL CONTINUES TO		
	MENACE WELL-MEANING COMMUNITIES AROUND THE WORLD. CHURCHES AND UNIONS		
	HAVE BECOME COMMON TARGETS AND PLATFORMS FOR CREATING ILL WILL AGAINST		
	ISRAEL AND ITS SUPPORTERS, PARTICULARLY JEWS BECAUSE ISRAEL IS A BIG		
	PART OF JEWISH IDENTITY. (SEE SCH O FOR CONTINUATION)		
4b	(Code:) (Expenses \$ 3 , 831 , 214 . including grants of \$) (Revenue \$	22,566.
	ISRAEL OFFICE		
	WIGHTON ADOLE TABLE AND THE WAVE DEED DOWNERD TO VOIDE ADULED		
	MISINFORMATION ABOUT ISRAEL AND JEWS HAVE BEEN PROMOTED TO YOUNG ADULTS		
	IN COUNTRIES AROUND THE WORLD. STANDWITHUS OPENED AN OFFICE IN ISRAEL IN 2005 WHEN WE REALIZED THAT WE CAN EDUCATE VISITORS THAT COME TO		
	DOUBLED OUR OFFICE SPACE SO THAT WE CAN REACH TENS OF THOUSANDS MORE		
	STUDENTS FROM THE JERUSALEM LOCATION. STUDENTS COME TO US FROM ALL OVER THE WORLD FOR SESSIONS AND SPECIAL EXPERIENCES, INCLUDING TOURS.		
	(SEE SCH O FOR CONTINUATION)		
	(SEE SCH O FOR CONTINUATION)		
40	(Code:) (Expenses \$ 2,600,954. including grants of \$	\ /p	19,900.
4c	CAMPUS SUPPORT AND COMMUNITY ACTIVITIES IN THE U.S.) (Revenue \$	13,300.
	STANDWITHUS HAS BECOME A HOUSEHOLD WORD ACROSS THE UNITED STATES FOR		
	PEOPLE WHO WANT TO EDUCATE THEIR LOCAL COMMUNITIES ABOUT ISRAEL AND		
	FIGHT ANTISEMITISM, WHETHER IT IS ON CAMPUS OR IN THEIR COMMUNITIES.		
	ALL OF OUR OFFICES HAVE THE SAME APPROACH. WE OFFER TRAINING,		
	MATERIALS, FUNDING, AND SPEAKERS FOR CAMPUSES, HIGH SCHOOLS, MIDDLE		
	SCHOOLS, CHURCHES, SYNAGOGUES AND COMMUNITY EVENTS. WE REGULARLY HOST		
	LARGE AND SMALL CONFERENCES AND OTHER FORMS OF EDUCATIONAL PROGRAMS.		
	(SEE SCH O FOR CONTINUATION)		
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,532,403. including grants of \$) (Revenue \$	15,	881.)
4e	Total program service expenses 18,217,974.	,	,
			Form 990 (2022

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ل		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	· · · ·		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	• •			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا		•
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form 990 (2022) ISRAEL EMERGENCY ALLIANCE Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		71
ь	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			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	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		17	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 36</u>	41	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Sociodate of Socialitie a response of note to any line in this rail v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 99		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22		990	(2022)

232004 12-13-22

	990 (2022) ISRAEL EMERGENCY ALLIANCE	01-056603	3	Р	age ସ
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	142			
	filed for the calendar year ending with or within the year covered by this return	2a 142		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	х
3a			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-	40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country	county?	4a		<u> </u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ecounts (FRAR)			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	Х	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	i ia			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		

Form **990** (2022) 232005 12-13-22

If "Yes," complete Form 6069.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 46 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 on Schedule O. 46 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA , FL , IL , NY , WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JERRY ROTHSTEIN - 310-836-6140

Form **990** (2022)

90034

P.O. BOX 341069, LOS ANGELES, CA

Form 990 (2022) ISRAEL EMERGENCY ALLIANCE 01-0566033 Page 7

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Pos	C) ition		000	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per	box	, unles cer an	ss per	rson i	s both	h an	compensation	compensation	amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 9	Key employee	Highest compensated 5 employee 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations		
(1) ROZ ROTHSTEIN	40.00											
CEO	1.00			Х				350,396.	0.	6,680.		
(2) JEREMY ROTHSTEIN	40.00	1										
C00	1.00			Х				323,100.	0.	6,080.		
(3) MICHAEL DICKSON	40.00	4						060 554		0		
DIRECTOR - ISRAEL	10.00	<u> </u>				Х		269,554.	0.	0.		
(4) AVI POSNICK MANAGING DIRECTOR	40.00	1				x		100 479	0.	6,902.		
(5) MAX SAMAROV	40.00					<u> ^</u>		190,478.	٥.	0,902.		
DIRECTOR	40.00	1				x		149,856.	0.	1,140.		
(6) AVI GORDON	40.00											
DIRECTOR		1				x		143,708.	0.	6,037.		
(7) GARY RATNER	40.00											
SENIOR EXECUTIVE						x		139,856.	0.	6,706.		
(8) ESTHER RENZER	10.00											
BOARD PRESIDENT		Х		Х				0.	0.	0.		
(9) STEVEN EMERSON	5.00											
BOARD VICE PRESIDENT	1.00	Х		Х				0.	0.	0.		
(10) MARTY JANNOL	1.50											
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.		
(11) BRUCE R. LEDERMAN	2.00											
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.		
(12) LAWRENCE POST	2.00											
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.		
(13) NATY SAIDOFF	1.50											
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.		
(14) BARRY WOLFE	2.00											
BOARD TREASURER		Х		Х				0.	0.	0.		
(15) ADRIENNE P. WIENIR	1.00											
BOARD SECRETARY		Х		Х				0.	0.	0.		
(16) ROBERT AMKRAUT	1.00	1										
BOARD MEMBER		Х				_	<u> </u>	0.	0.	0.		
(17) ARTHUR BILGER	1.50	1										
BOARD MEMBER		Х						0.	0.	0.		

232007 12-13-22 Form **990** (2022)

ISRAEL EMERGENCY ALLIANCE 01-0566033 Page 8

Part VII Section A Officers Directors Trus									- /	s rage s
Geotion A. Oniocio, Birectoro, Trac	tees, Key Emp (B)	oloy	ees,	and (C		ghes	t Co		, ,	/= \
(A) Name and title							one an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DAHLIA BILGER	1.50									
BOARD MEMBER		Х						0.	0.	0.
(19) HAIM DAYAN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(20) HELEN DAYAN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(21) RITA EMERSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) TOM FLESH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(23) JANET GORDON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(24) MOTI GUR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(25) STEVE HEFTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) JANICE HEFTER	1.50									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								1,566,948.	0.	33,545.
c Total from continuation sheets to Part V	I, Section A			0.	0.	0.				
d Total (add lines 1b and 1c)								1,566,948.	0.	33,545.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

Form 990 (2022)

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CREATIVE PRINT GROUP, 7905 BROWNING RD STE		
112, PENNSAUKEN, NJ 08109	PRINTING/MAILING	450,105.
HYATT REGENCY		
150 NORTH RIVERSIDE, CHICAGO, IL 60606	CONFERENCE HOTEL	284,921.
TARGETED VICTORY LLC, 1033 NORTH FAIRFAX		
STREET, SUITE 40, ALEXANDRIA, VA 22314	MARKETING FIRM FOR ACF	258,613.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2022)

18

orm 990 ISRAEL EMERGENCY ALLIANCE 01-0566033

Form 990 ISRAEL EM		01-0566033								
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(E)	(F)								
Name and title	(B) Average			Pos	C) ition			Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	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
	line)	Ind	Inst	0#i	Key	Hig	Fon			
(27) LARRY J. HOCHBERG	1.00	-								
BOARD MEMBER		Х						0.	0.	0
(28) ALAN HOWARD, DMD	1.00	1								
BOARD MEMBER		Х						0.	0.	0
(29) SUSAN JANNOL	3.00									
BOARD MEMBER		Х						0.	0.	0
(30) SHMUEL KATZ MD	4.00									
BOARD MEMBER		Х						0.	0.	0
(31) ANDREW KLIGERMAN	1.50									
BOARD MEMBER		Х						0.	0.	C
(32) DINA LEEDS	1.00									
BOARD MEMBER		Х						0.	0.	(
(33) FRED LEEDS	1.00									
BOARD MEMBER		х						0.	0.	C
(34) BARAK LURIE	1.00									
BOARD MEMBER		Х						0.	0.	C
(35) DEBRA MEPPEN	1.00									
BOARD MEMBER		х						0.	0.	C
(36) MOSHE MEPPEN	1.00									
BOARD MEMBER		Х						0.	0.	C
(37) ALON MILLER	1.50									
BOARD MEMBER		х						0.	0.	C
(38) ROSANA MILLER	1.50									
BOARD MEMBER		х						0.	0.	C
(39) ADAM MILSTEIN	1.00									
BOARD MEMBER	-	х						0.	0.	C
(40) GILA MILSTEIN	2.00								-	
BOARD MEMBER	-	х						0.	0.	C
(41) TAMMY MORGANSTERN	1.00							-	-	
BOARD MEMBER	-	х						0.	0.	C
(42) DAVID POLAK	1.00									
BOARD MEMBER		х						0.	0.	(
(43) JANET POLAK	1.00									
BOARD MEMBER		х						0.	0.	(
(44) BARAK RAVIV	1.50							•	•	
BOARD MEMBER		х						0.	0.	C
(45) SHERI ROSS	1.50	 -						•	•	
BOARD MEMBER	1.50	х						0.	0.	(
(46) SUSY RUBINSTEIN	1.00		\vdash					· ·	· ·	
BOARD MEMBER (LEFT 10/22)	1.00	х						0.	0.	C
	i i	47							٠.	ı

Form 990_ ISRAEL EMERGE	01-0566033									
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average							Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individual1	Institutional trustee	Officer	Key employee	Highest co	Former			organizatione
(47) DEBBIE SAIDOFF	3.00									
BOARD MEMBER		Х						0.	0.	0.
(48) JANET SASSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(49) FAITH SCHAMES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(50) LAURA STEIN	1.00									
BOARD MEMBER		х						0.	0.	0.
(51) RHONA WACHT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(52) HOWARD WALDOW	1.00									
BOARD MEMBER		х						0.	0.	0.
(53) SONYA WALDOW	1.00									
BOARD MEMBER		х						0.	0.	0.
(54) MICHAEL WIENIR MD	3.00									
BOARD MEMBER		х						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
			\vdash	<u> </u>		\vdash				
		1								
			\vdash			\vdash				
		1								
				 						
Total to Part VII, Section A, line 1c										

Form 990 (2022) ISRAEL EMEI
Part VIII Statement of Revenue

		Check if Schedule O co	ontains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b					
9		Fundraising events		1c	2,110,984.				
fts,		Related organizations		1d	2,110,301.				
ig ig					1,009,022.				
Sir.		Government grants (contrib		1e	1,005,022.				
utio	Ţ	All other contributions, gifts, g			10 712 466				
^듩		similar amounts not included a		1f	19,712,466.				
ont	_	Noncash contributions included in lin	nes 1a-1f	1g \$	1,364,677.	22 022 472			
O g	n	Total. Add lines 1a-1f			B	22,832,472.			
					Business Code	186 506	156 506		
<u>e</u>	2 a				611710	176,586.	176,586.		
erv	b	HONORARIA			611710	22,896.	22,896.		
ı S.	С								
ran Sev	d								
Program Service Revenue	е								
	f	All other program service re							
	g	Total. Add lines 2a-2f				199,482.			
	3	Investment income (includia	ends, intere	st, and					
		other similar amounts)	,						220,903.
	4	Income from investment of	tax-exen	npt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a 5,	610,877.					
	b	Less: cost or other basis							
ē			7b 6,	046,442.					
Revenue	С			435,565.					
Şe.		Net gain or (loss)			•	-435,565.			-435,565.
her		Gross income from fundraising							·
퓽	-		10,984.	I					
		contributions reported on li		- 1					
		Part IV, line 18	,	I .	361,902.				
	h	Less: direct expenses			361,902.				
		Net income or (loss) from fu			, ,	0.			
		Gross income from gaming		• —					
	. .	Part IV, line 19		I .					
	h	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances		I	37,820.				
	h	Less: cost of goods sold		I	_				
		Net income or (loss) from s				37,820.	37,820.		
\dashv		THE INCOME OF 10000 HOMES	aioo Oi ili	oritory	Business Code	, , = = 3.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sn	11 a	CREDIT CARD CASH REB	ВАТ		611710	2,394.			2,394.
Jeo Tue	ıı a b					_,			
Miscellaneous Revenue									
Sce	q C								
Ξ		All other revenue				2,394.			
		Total revenue See instruction				22,857,506.	237,302.	0.	-212,268.
	12	Total revenue. See instruction				22,037,300.	1 431,304.	ı .	212,200.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 686,857 452,325. 131,983 102,549. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,372,978. Other salaries and wages 8,506,559. 305,957. 560,462. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 894,275 882,732 837 10,706. 9 Other employee benefits 866,976. 753,518. 88,805 24,653. 10 Payroll taxes Fees for services (nonemployees): Management а 21,186. 15,292. 5,894. Legal 64,964, 64,964. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 972,694 928,768 43,926 column (A), amount, list line 11g expenses on Sch O.) 639,462 510,643, 7,428 121,391. Advertising and promotion 12 408,492 391,168. 15,694 1,630. 13 Office expenses 743,185, 743,185 Information technology 14 Royalties 15 848,654 727,267. 121,387 16 Occupancy 90,186 90,186 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,211,152. 2,195,780. 213. 15,159. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 194,294 194,294, 22 Depreciation, depletion, and amortization 165,144 165,144. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PARTNERED EVENTS 751,687. 751,687. BROCHURES/FLYERS/VIDEO 730,671 730,671. BANK & CREDIT CARD FEES 207,902, 83,491. 124,411. С MISCELLANEOUS 33,599 30,300. 3,299 25,000 25,000 All other expenses е 19,929,358 18,217,974 874,834 836,550. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Pai	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,758,927.	1	6,558,502.
	2	Savings and temporary cash investments			2,998,714.	2	3,485,897.
	3	Pledges and grants receivable, net			5,137,285.	3	3,481,926.
	4	Accounts receivable, net			14,731.	4	0.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,201.	8	42,578.
As	9	Duran did assessment all forms of all assessment			197,002.	9	99,003.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	2,258,636.			
	b	Less: accumulated depreciation	10b	1,041,576.	177,490.	10c	1,217,060.
	11	Investments - publicly traded securities			6,507,939.	11	8,677,383.
	12	Investments - other securities. See Part IV, lir	2,106,128.	12	3,178,669.		
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		64,572.	15	1,704,127.	
	16	Total assets. Add lines 1 through 15 (must e			25,985,989.	16	28,445,145.
	17	Accounts payable and accrued expenses		869,469.	17	1,272,864.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
ý	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
abi		controlled entity or family member of any of t	hese pers	sons		22	
ı	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			1,009,022.	25	1,659,920.
	26	Total liabilities. Add lines 17 through 25			1,878,491.	26	2,932,784.
		Organizations that follow FASB ASC 958, or	check he	re X			
ces		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			11,685,136.	27	25,252,993.
Ва	28	Net assets with donor restrictions		<u></u>	12,422,362.	28	259,368.
pur		Organizations that do not follow FASB AS6	C 958, ch	eck here			
Ę		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fun			29		
set	30	Paid-in or capital surplus, or land, building, or	r equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net Net	32	Total net assets or fund balances			24,107,498.	32	25,512,361.
	33	Total liabilities and net assets/fund balances			25,985,989.	33	28,445,145.

Pa	TEXT RECONCILIATION OF NET ASSETS								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	,857,	506.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	929,	358.				
3	Revenue less expenses. Subtract line 2 from line 1	3	2	928,	148.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	498.					
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 on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	25	,512,	361.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				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 on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:				1				
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form	990	(2022)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-E∠.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

			EMERGENCY ALLI					01-0566033	
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch					1)(A)(i).		
2		A school described in sect							
3	\Box	A hospital or a cooperative)(b)(1)(A)(i	ii).		
4	一	A medical research organiz					•	i). Enter	the hospital's name,
-		city, and state:	•				K K K K	•	,
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit	describe	ed in
Ĭ		section 170(b)(1)(A)(iv). (C				, 9-			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	Х	An organization that norma	~					neneral r	nublic described in
•		section 170(b)(1)(A)(vi). (C		Titial part of its support if	om a gove	Jiiiiiontai	diffic of front tric	general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Bar	F II \				
9	H	An agricultural research org				nd in conju	inction with a lai	ad grant	collogo
9	ш	or university or a non-land-g				-		-	-
		university:	grant college or agric	ulture (see iristructions).	Litter tile i	name, city	, and state of the	e college	5 OI
10		An organization that norma	Illy receives (1) more	than 33 1/30% of its supp	ort from o	ontribution	ne momborchin	foos and	d gross rossints from
10		activities related to its exen	•				· ·		*
		income and unrelated busin							
		See section 509(a)(2). (Coi		(less section of reak) no	iii busiiles	sses acqui	red by the organ	iizatioi i a	aitei duile do, 1970.
11		An organization organized a	•	ivolv to tost for public sat	foty Soo	caction 50	00(a)(4)		
12	H	An organization organized a	· ·	•	•			out the	nurnoses of one or
12		more publicly supported or	•	•	-		•		
		lines 12a through 12d that							SHECK THE DOX OH
а		Type I. A supporting orga	• •			-		-	aivina
•		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			majority C	n the direc	tors or trustees	OI LITE SC	аррогинд
b		Type II. A supporting org	-		ion with it	e cupporto	od organization(s	hy by	uina.
	' L	control or management o							
		organization(s). You mus			arrie perso	iis tilat co	Titioi oi manage	tile supp	Jorted
c		Type III functionally inte			in connect	tion with	and functionally	integrate	ad with
•		its supported organization						intograte	ou with,
c		Type III non-functionally		•	•	•	•	d organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	-		•		=	- accorne	V611000
e		Check this box if the orga						Type III	
		functionally integrated, or					1,700 1, 1,700 11,	. y p c	
f	Fnte	er the number of supported of							
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of m	onetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see insti	ructions)	support (see instructions)
Tota	al	<u> </u>							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,753,338.	17,496,851.	17,652,951.	22,876,282.	22,832,472.	94,611,894.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13,753,338.	17,496,851.	17,652,951.	22,876,282.	22,832,472.	94,611,894.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15,840,684.
6	Public support. Subtract line 5 from line 4.						78,771,210.
	ction B. Total Support						, , .
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	13,753,338.	17,496,851.	17,652,951.	22,876,282.	22,832,472.	94,611,894.
	Gross income from interest,	, ,	, ,	, ,		, ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	26,854.	53,877.	35,791.	18,141.	220,903.	355,566.
a	Net income from unrelated business	, , , , ,	7	7 7 7 7			
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital assets (Explain in Part VI.)	1,229,032.	954,899.	123,935.	471,881.	364,296.	3,144,043.
11	Total support. Add lines 7 through 10	1,223,002.	201,033.	220,500.	1,1,001.	301,230.	98,111,503.
	Gross receipts from related activities,	oto (soo instructio	unc)			12	1,253,289.
	First 5 years. If the Form 990 is for the	,	,	ourth or fifth tax v	year as a section 5		1,233,203.
13	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	80.29 %
	Public support percentage from 2021					15	81.64 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
174	10% -facts-and-circumstances test						
176		-					
	and if the organization meets the facts					_	
Į.	meets the facts-and-circumstances te	-	· ·	• • •	-	7a, and line 15 is 1	
C	10% -facts-and-circumstances test	-					1U70 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	iii did not check a l	oux on line 13, 16a	ı, 100, 17a, 0r 17b	, cneck this box ai		
	Schedule A (Form 990) 2022						

Scriedule A (FOITH 990) 2022

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Par	rt V Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	3		
4	Amounts paid to acquire exempt-use assets	-	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Part VI	Supplemental Information Design and Design a
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047 Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	ISRAEL EMERGENCY ALLIANCE 01-0566033				
Organiza	ation type (check o	ne):			
Filers of:		Section:			
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.		
General	Rule				
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · ·		
Special F	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "l	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

ISRAEL EMERGENCY ALLIANCE

01-0566033

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 5	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

ISRAEL EMERGENCY ALLIANCE 01-0566033

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	PUBLICLY TRADED SECURITIES				
1					
		\$1,209,811.	08/22/22		
(a) No.	(I-)	(c)	(-1)		
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received		
		_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a)					
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a)		(6)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** ISRAEL EMERGENCY ALLIANCE 01 - 0566033Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer identification number

	ISRAEL EMERGENCY ALLIANCE		01-0566033		
Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ed funds		
	are the organization's property, subject to the organization's e	-			
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
Pai					
1	Purpose(s) of conservation easements held by the organization		are iv, into 7.		
•	Preservation of land for public use (for example, recreat		f a historically important land area		
		· —	* *		
	Protection of natural habitat	Preservation of	f a certified historic structure		
•	Preservation of open space	to discovere and the second of the second of the second	of a community of the last		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а			2a		
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a			
	historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax				
	year				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year		
	7 07		Ç ,		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	, ,			
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	oto to the organization o inhaholal stateme	ship that decombes the		
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under FASB ASC 958		and balance shoot works		
ıa	, .	·			
	of art, historical treasures, or other similar assets held for pub	•	•		
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	l gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>		
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022		

		in Part XIII. Check here if the ex			
Part V	Endowment Funds.	Complete if the organization an	swered "Yes" on Forn	n 990, Part IV, line 10).

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1a, column (a)) held as:		

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

No 3a(i) (i) Unrelated organizations (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

		be in Part XIII the intended uses of the organiza	·
Pai	ተ VI	Land Buildings and Equipment	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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	(d) Book value				
1a Land								
b Buildings								
c Leasehold improvements		1,721,684.	555,784.	1,165,900.				
d Equipment		536,952.	485,792.	51,160.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (R), line 10c.)								

Schedule D (Form 990) 2022 ISRAEL EMERGENCY	01	-0566033 Page 3	
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ISRAEL STATE BONDS	18,008.	COST	
(B) FORD INTEREST ADVANTAGE NOTES	3,160,661.	END-OF-YEAR MARKET VALUE	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,178,669.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(1) D
	Description		(b) Book value
(1) SECURITY DEPOSIT			67,646.
(2) RIGHT-OF-USE ASSETS			1,636,481.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		1,704,127.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SWU LEASE LIABILITY			1,659,920.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1,659

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

Schedule D (Form 990) 2022

1,659,920.

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	21,069,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,523,285.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-264,626.		
е	Add lines 2a through 2d			2e	-1,787,911.
3	Subtract line 2e from line 1			3	22,857,506.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	22,857,506.
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	19,947,209.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	ا م ا			
d	Other (Describe in Part XIII.)		17,851.		
е	Add lines 2a through 2d			2e	17,851.
3	Subtract line 2e from line 1			3	19,929,358.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	19,929,358.
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	ation.		
		•			
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
THE	TOMORROW FOUNDATION INCOME	-264,626.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
THE	TOMORROW FOUNDATION EXPENSES	17,851.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

name of the organization					Employer Identif	ication number
ISRAEL EMERGENCY ALLIA	NCE				01-0566033	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	nization answered "	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.						
3 Activities per Region. (The (a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hegion	offices	`émployees,	(by type) (such as, fundraising, pro-	1	gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
DJIBOUTI, EGYPT,	1	27	PROGRAM SERVICES	SEE PAGE 5		3,916,090.
EUROPE (INCLUDING	_	_		_		
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SEE PAGE 5		171,043.
NORTH AMERICA	0	0	PROGRAM SERVICES	SEE PAGE 5		125,535.
						120,000.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	SEE PAGE 5		29,766.
	_	_		_		
SOUTH AMERICA	0	0	PROGRAM SERVICES	SEE PAGE 5		83,500.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SEE PAGE 5		38,398.
						30,050.
• • • • • • • • • • • • • • • • • • • •						4 364 336
3 a Subtotal	1	27				4,364,332.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a		Ů				
and 3b)	1	27				4,364,332.

232071 10-17-22

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				L	1
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities							

Schedule F (For	rm 990) 2022 I	SRAEL EMERGENCY AL	LIANCE		(1-0566033		Page 3
		e to Individuals Outsid	e the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part	III can be duplicated if a	dditional space is neede	d.			_		_
(a) Type of	grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

	1 oreign rorms		
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 separately 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	◯ Yes	X No
3	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Page 5

Part V | Supplemental Information

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

PART I, LINE 2:

WHEN FOUNDATIONS OR INDIVIDUALS MAKE DONATIONS FOR SPECIFIC PROGRAMS, ALL

FUNDS ARE CAREFULLY DESIGNATED FOR THOSE DEPARTMENTS AND USED ONLY FOR

THOSE PURPOSES.

WE MONITOR THE USE OF FUNDS BY REQUIRING RECEIPTS FOR EVERY EXPENDITURE

INCLUDING DETAILED EXPLANATIONS THAT JUSTIFY THE USE OF FUNDS WITHIN THE

DESIGNATED AREA OF FUNDING. ALL EXPENSES ARE IN LINE WITH THE SPECIFIC

PURPOSE(S) FOR WHICH THE FUNDS WERE DESIGNATED. AND MUST CONFORM TO THE

SPECIFICATIONS OF THE DONOR, AS IT RELATES TO THE MISSION OF THE ISRAEL

EMERGENCY ALLIANCE.

CONFORMITY TO OUR POLICIES AND ALL EXPENDITURES ARE REVIEWED AS PART OF

OUR ANNUAL INDEPENDENT AUDIT.

SCHEDULE F, PART I, LINE 3(E)

ISRAEL EMERGENCY ALLIANCE APPLIES ITS MISSION OF EDUCATION IN ISRAEL

(THROUGH THE ISRAEL OFFICE) BY EDUCATING AND INSPIRING LARGE NUMBERS OF

PEOPLE OF ALL AGES ABOUT THE MIDDLE EAST. ISRAEL EMERGENCY ALLIANCE

ALSO PROVIDES PROGRAM SUPPORT FOR ITS CANADIAN COUNTERPART. STANDWITHUS

DUE TO MISINFORMATION THAT IS PROMOTED BY ANTI-ISRAEL CANADA.

PROPAGANDISTS, IEA PROACTIVELY SENDS OUT SPEAKERS, PUBLICATIONS

PROGRAMS, CONFERENCES AND MISSIONS TO ISRAEL THAT MEET THE OVERALL

MISSION OF THE ISRAEL EMERGENCY ALLIANCE. WE ALSO TRANSLATE OUR

PUBLICATIONS AND OTHER INFORMATION INTO OTHER LANGUAGES LIKE FRENCH

SPANISH, HEBREW, ARABIC, ETC.

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ISRAEL EMEI	RGENCY ALLIANCE					01-056603	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part				0			
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	tion of	non-g gover	overnment grants nment grants			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	indraiser) (III) ACTIVITY har or		Did raiser ustody itrol of utions?	from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.			utions	or has been notified	it is	exempt from re	gistration
<u> </u>							

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

Schedule G (Form 990) 2022

			RGENCY ALLIANCE			0566033 Page 2
Pa	ırt I					
		of fundraising event contributions and gro	(a) Event #1	-EZ, lines 1 and 6b. List e	(c) Other events	
				CHICAGO CAMPUS		(d) Total events
			 FESTIVAL OF LIGHTS		9	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,765,955.	517,232.	189,699.	2,472,886.
	2	Less: Contributions	1,535,203.	464,457.	111,324.	2,110,984.
	3	Gross income (line 1 minus line 2)	230,752.	52,775.	78,375.	361,902.
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	134,393.	26,508.	15,273.	176,174.
rect E	7	Food and beverages	5,281.	1,359.	7,896.	14,536.
△	۰	Entertainment			8,357.	8,357.
	8	Entertainment Other divised and area	91,078.	24,908.	46,849.	162,835.
	9	Other direct expenses	0: 1 (1)	,	,	361,902.
	10		. ,			0.
Da	ırt I					J
1 6		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 OH FORM 990-EZ, line oa.	I	(Is) Dull tobo/instant		(d) Total coming (odd
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
en.				biligo/progressive biligo		coi. (a) through coi. (c)
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	_	Other direct experiess	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		rios garning moonie dammary, dabitaet inte r				1
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac	· · · _			Yes No
		No," explain:				
~		no, explain.				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b) IT "	Yes," explain:				
	_					
	_					

40

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 ISRAEL EMERGENCY ALLIANCE	01-05	66033	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1		
а	The organization's facility		13a	<u>%</u>
b	An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt		
_	of gaming revenue retained by the third party \$			
_	If "Yes," enter name and address of the third party:			
·	The rest, enter hame and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	-			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		103	
,	organization's own exempt activities during the tax year \$	IC		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part	III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a r arc	,,	05, 105,
	rob, ros, ro, and rrb, as applicable. The provide any additional information, essential additions.			

Schedule G	G (Form 990)	ISRAEL	EMERGENCY ALLIANCE		01-0566033	Page 4
Part IV	(Form 990) Supplemental Info	rmation	(continued)			
-						
-						
ī-						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

ISRAEL EMERGENCY ALLIANCE

Employer identification number 01-0566033

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6				
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROZ ROTHSTEIN	(i)	350,396.	0.	0.	0.	6,680.	357,076.	0,	
CEO	(ii)	0.	0.	0.	0.	0.	0,	0,	
(2) JEREMY ROTHSTEIN	(i)	323,100.	0.	0.	0.	6,080.	329,180.	0.	
C00	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MICHAEL DICKSON	(i)	243,940.	25,614.	0.	0.	0.	269,554.	0.	
DIRECTOR - ISRAEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) AVI POSNICK	(i)	190,478.	0.	0.	0.	6,902.	197,380.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MAX SAMAROV	(i)	149,856.	0.	0.	0.	1,140.	150,996.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0,	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
ISRAEL DIRECTOR RECEIVED A DISCRETIONARY BONUS FOR THE EXTRA WORK HE HAD
DONE. IT WAS APPROVED BY THE BOARD.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

ISRAEL EMERGENCY ALLIANCE

Employer identification number 01-0566033

Par	rtI ∣ Ty	pes of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of	Noncash contri		Method of de		•	
			applicable	contributions or	amounts report Form 990, Part VI		noncash contribi	ution ar	mount	S
1	Art Work	s of art	X	4	1 01111 000, 1 411 11		ESTIMATED PRICE			
				_		-,				
2		rical treasures								
3		ional interests								
4		d publications								
5		and household goods								
6	Cars and	other vehicles	Х	2		6,650.	SALES PRICE			
7	Boats and	l planes								
8	Intellectua	al property								
9		- Publicly traded	Х	16	1,3	53,081.	FNV			
10		- Closely held stock								
11		- Partnership, LLC, or								
	trust inter	• • • •								
12		- Miscellaneous								
13		conservation contribution -								
13										
	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18	Collectible	es								
19	Food inve	ntory								
20	Drugs and	d medical supplies								
21	Taxidermy	/								
22		artifacts								
23		specimens								
24		jical artifacts								
25	Other	()								
26	Other	()								
27	Other									
28	Other									
29		f Forms 8283 received by the organiz	-otion during	the text year for a	antributions					
29			-			00			0	
	for which	the organization completed Form 82	83, Part V, L	onee Acknowledg	ement (29				
					=				Yes	No
30a	_	e year, did the organization receive by	-	*		-				
		for at least 3 years from the date of		•	•					
		urposes for the entire holding period?	?					30a		X
b	If "Yes," d	lescribe the arrangement in Part II.								
31	Does the	organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard	l contribut	tions?	31		Х
32a	Does the	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				
	contribution	ons?						32a		Х
b	If "Yes," d	lescribe in Part II.								
33	If the orga	unization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is ched	cked,			
	describe i	•	. ,				•			
LHA		perwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule I	/ (Forr	n 990)	2022

Schedule M (Form 990) 2022

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, PART I, COLUMN (B):
NUMBER O	F CONTRIBUTIONS REPRESENTS NUMBER OF BATCHES OF STOCKS DONATED
AND NUMB	ER OF EQUIPMENT RECEIVED.
-	
-	
-	
232142 09-09-	22 Schedule M (Form 990) 2022

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Employer identification number

01-0566033

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

ISRAEL EMERGENCY ALLIANCE

PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE SUPPORT PEOPLE AROUND THE WORLD WHO WANT TO EDUCATE THEIR LOCAL CAMPUSES & COMMUNITIES ABOUT ISRAEL. WE BELIEVE THAT KNOWLEDGE OF THE FACTS WILL CORRECT COMMON PREJUDICES ABOUT THE ARAB-ISRAELI CONFLICT. & PROMOTE DISCUSSIONS & POLICIES THAT WILL HELP PROMOTE PEACE. THROUGH PRINT MATERIALS, SPEAKERS, PROGRAMS, CONFERENCES, MISSIONS TO ISRAEL EDUCATIONAL VIDEOS, CURRICULUM, CAMPAIGNS, INTERNET RESOURCES, HIGH SOCIAL MEDIA REACH, WE ENSURE THAT THE STORY OF ISRAEL'S ACHIEVEMENTS & ONGOING CHALLENGES IS TOLD ON CAMPUSES & IN COMMUNITIES, THE MEDIA, OTHER PLATFORMS AROUND THE WORLD. BASED IN LOS ANGELES, STANDWITHUS HAS OFFICES & PROGRAMS ACROSS THE US, CANADA, ISRAEL, BRAZIL, SOUTH THE NETHERLANDS, & IN THE UK. PLEASE VISIT OUR WEBSITES FOR MORE INFORMATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY SUPPORT, EDUCATIONAL MATERIALS AND ACTIVITIES IN THE U.S. (CONTINUED) THE SAME STRATEGIES AND TOOLS THAT STANDWITHUS IS USING ON COLLEGE CAMPUSES ARE ALSO BEING USED WITHIN COMMUNITIES STANDWITHUS HAS BEEN ENGAGED IN EDUCATING AND INSPIRING PEOPLE OF ALL AGES ABOUT ISRAEL AND ABOUT FIGHTING ANTISEMITISM. STANDWITHUS IS THERE TO SUPPORT COMMUNITY MEMBERS IN A VARIETY OF WAYS FROM FUNDING EVENTS TO PRODUCING PUBLICATIONS AND FILMS ON A VARIETY OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization **Employer identification number** ISRAEL EMERGENCY ALLIANCE 01-0566033 ISSUES, TO RESPOND TO ANTI-ISRAEL, ANTISEMITIC CAMPAIGNS. WE BRING RELEVANT PROGRAMS AND GUEST SPEAKERS, WE HOST EDUCATIONAL CONFERENCES FILM DISCUSSIONS, AND MORE. STANDWITHUS HAS BECOME THE LARGEST PRODUCER AND DISTRIBUTOR OF WELL-DOCUMENTED, COLORFUL, USER-FRIENDLY AND ENGAGING PUBLICATIONS FOR CAMPUSES, HIGH SCHOOLS, CHURCHES, SYNAGOGUES AND COMMUNITIES ABOUT ISRAEL AND THE JEWISH PEOPLE. FILMS THAT STANDWITHUS PRODUCES ARE USED ON SOCIAL MEDIA. MILLIONS OF COPIES OF OUR MATERIALS HAVE BEEN DISTRIBUTED EACH YEAR IN MULTIPLE LANGUAGES. AND ARE AVAILABLE IN HARD COPY, ON THE INTERNET AS WELL AS ON MOBILE DEVICES. STANDWITHUS HAS BECOME A SIGNIFICANT LEADER ON CAMPUS, REACHING MILLIONS OF PEOPLE EACH WEEK. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ISRAEL OFFICE (CONTINUED) OUR WORK IN ISRAEL INCLUDES PARTNERING WITH OTHER ORGANIZATIONS TO EDUCATE THEIR CONSTITUENTS. TO WORKING WITH ISRAELI COLLEGE AND HIGH SCHOOL STUDENTS TO HELP THEM BECOME BETTER REPRESENTATIVES OF THEIR OWN COUNTRY, ISRAEL. HAVING A LARGE, FULLY FUNCTIONING OFFICE IN ISRAEL ENABLES US TO BE A RESOURCE FOR MATERIALS, SPEAKERS, PROGRAMS, CONFERENCES, MISSIONS TO ISRAEL, SOCIAL MEDIA, INCLUDING REAL-TIME UPDATES DURING WARTIME, AND SO MUCH MORE. WE ANTICIPATE THAT THE ISRAEL OFFICE AND ITS MANY EDUCATIONAL PROGRAMS WILL CONTINUE TO GROW EACH YEAR DUE TO THE HIGH DEMAND FOR OUR

Name of the organization **Employer identification number** ISRAEL EMERGENCY ALLIANCE 01-0566033 RESOURCES AND DESIRE TO PARTNER WITH OTHER GROUPS. THE STANDWITHUS SOCIAL MEDIA DEPARTMENT, WHICH EDUCATES MILLIONS OF PEOPLE EACH WEEK. IS MANAGED BY OUR TEAM IN ISRAEL. WITH MILLIONS OF FANS ON ALL OUR SOCIAL MEDIA PLATFORMS, OUR REACH IS TRACKABLE AND OUR ANALYTICS ARE IMPRESSIVE. WE ALSO OFFER FACEBOOK PAGES IN OTHER LANGUAGES, INCLUDING ARABIC, WHICH IS DYNAMIC AND INFORMATIVE TO THE ARAB WORLD, REACHING ONE MILLION PEOPLE EACH WEEK. THE EDUCATIONAL VIDEOS WE CREATE AND POST ON YOUTUBE, FACEBOOK AND TWITTER HAVE ACHIEVED MILLIONS OF VIEWS ANNUALLY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CAMPUS SUPPORT AND COMMUNITY ACTIVITIES IN THE U.S. (CONTINUED) STANDWITHUS HAS BEEN WORKING ON COLLEGE CAMPUSES SINCE ITS INCEPTION, DUE TO STUDENTS FROM ACROSS THE COUNTRY REACHING OUT TO OUR PROFESSIONALS FOR HELP TO CHALLENGE ANTISEMITIC MISINFORMATION BEING PROMOTED ON CAMPUSES BY ANTISEMITIC STUDENT GROUPS. ISRAEL AND ITS SUPPORTERS ARE REGULARLY BEING MARGINALIZED AND EVEN "CANCELED" ON CAMPUS AS THEY WERE ON BERKELEY FOR EXAMPLE WHEN 9 STUDENT GROUPS IN THE LAW SCHOOL VOTED ON A BYLAW THAT WOULD NOT ALLOW "ZIONIST" SPEAKERS TO PRESENT TO THESE GROUPS. A ZIONIST SIMPLY BELIEVES THAT ISRAEL HAS A RIGHT TO EXIST IN PEACE AND SECURITY, AND MOST JEWS CONSIDER ISRAEL A PART OF THEIR JEWISH IDENTITY. THAT IS WHY A BYLAW AGAINST ZIONISTS IS CONSIDERED ANTISEMITIC, AND JEWISH STUDENTS (AS WELL AS NON-JEWISH ZIONISTS) FEEL THREATENED AND MARGINALIZED ON FAR TOO MANY CAMPUSES WHERE ISRAEL AND JEWS ARE BEING MISREPRESENTED. STUDENTS HAVE REPORTED

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
HATE SPEECH AND ANTISEMITIC CAMPAIGNS BEING HOSTED ON THEIR CAMPUSES	_
THROUGH SPEAKERS, PROFESSORS AND STUDENT GROUPS WHO CREATE ILL WILL ON	
CAMPUS FOR ISRAEL AND ANYONE WHO SUPPORTS IT. STUDENTS AND COMMUNITY	
MEMBERS WHO WANT TO EDUCATE THEIR PEERS NEED THE TOOLS AND SUPPORT TO	
DO SO. STANDWITHUS PROVIDES GUIDANCE AND WILL CREATE MATERIALS AS	
NEEDED, TO MAKE SURE WE CHALLENGE LIES AND MISINFORMATION.	
STANDWITHUS WILL NOT SAY "NO" TO STUDENTS WHO ASK FOR HELP, AS LONG AS	
THE NEED IS RELATED TO THE STANDWITHUS MISSION OF EDUCATION ABOUT	
ISRAEL AND FIGHTING ANTISEMITISM.	
STANDWITH US HAS BECOME AN IMPORTANT RESOURCE FOR ANY STUDENT WHO WANTS	
TO CORRECT MISINFORMATION ABOUT ISRAEL AND JEWS. OUR ANNUAL EMERSON	
FELLOWSHIP PROGRAM ENABLES STUDENTS TO TAKE LEADERSHIP ROLES ON	
CAMPUSES ACROSS THE US AND CANADA, AND MOST RECENTLY IN THE UK, THE	
NETHERLANDS AND BRAZIL. WE NOW HAVE OVER NEARLY 175 EMERSON FELLOWS ON	
CAMPUS EACH YEAR, WHOM WE SUPPORT WITH EDUCATIONAL PROGRAMS, GUIDANCE &	
TRAINING, MATERIALS, FUNDING, AND INITIATIVES FOR THEIR CAMPUSES.	
THROUGH OUR EMERSON FELLOWS AND OTHER STANDWITHUS STUDENT LEADERS IN	
THE 2021-2022 ACADEMIC YEAR, WE HAD OVER 150,000 STUDENTS AT 800+	
EDUCATIONAL EVENTS ON OVER 200 COLLEGE CAMPUSES. WE WORKED IN	
PARTNERSHIP WITH OTHER EXCELLENT ORGANIZATIONS TO FIGHT THE BOYCOTT	
MOVEMENT AND ANTISEMITISM AGAINST ISRAEL, JEWS AND ITS MULTI-FAITH	
SUPPORTERS.	
	_
IN ADDITION TO OUR CAMPUS WORK, WE HAVE A SEPARATE DEPARTMENT DEDICATED	_
TO CULTIVATING LEADERSHIP IN HIGH SCHOOLS. THIS GROWING PROGRAM ENGAGES	
NEARLY 150,000 STUDENTS THROUGH OUR PROGRAMS EACH YEAR. WE ALSO HAVE A	

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization ISRAEL EMERGENCY ALLIANCE 01-0566033 GROWING MIDDLE SCHOOL PROGRAM OFFERING CURRICULUM THAT IS ALREADY IN OVER 250 MIDDLE SCHOOLS ACROSS THE UNITED STATES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HIGH SCHOOL WE BEGAN OUR WORK IN HIGH SCHOOL IN ORDER TO BE STRATEGIC AND PREPARE TEENS FOR THE CHALLENGES THEY ARE LIKELY TO FACE ON THEIR FUTURE COLLEGE CAMPUSES. THIS PROGRAM HAS EXTENDED TO NEARLY 150 STANDWITHUS HIGH SCHOOL INTERNS, KNOWN AS KENNETH LEVENTHAL INTERNS, THAT STUDY TOGETHER FOR ONE YEAR. AND BRING PROGRAMS TO THEIR SCHOOLS AND YOUTH GROUPS. SELECTION IS BASED ON A STUDENT'S LEADERSHIP SKILLS, TRACK RECORD, AND PROFESSIONAL REFERENCES FROM TEACHERS, PRINCIPALS, YOUTH GROUP AND COMMUNITY LEADERS, AND ON THE STUDENT'S CLEAR INTEREST IN AND DEDICATION TO ISRAEL. THE INTERNS ARE SUPPORTED WITH SPEAKERS, GUIDANCE, PROGRAMS AND FUNDING. IN 2022 THE INTERNS HAVE HOSTED PROGRAMS THAT WERE ATTENDED BY OVER 150,000 STUDENTS AT THEIR HIGH SCHOOLS, COMMUNITIES AND YOUTH GROUPS. AFTER THEY GRADUATE OUR HIGH SCHOOL INTERNSHIP PROGRAM, THEY ARE INTRODUCED TO OUR CAMPUS PROFESSIONALS WHERE THEY CONTINUE TO HAVE OPPORTUNITIES TO REMAIN ENGAGED WITH STANDWITHUS AS LEADERS ON CAMPUS FOR ISRAEL EDUCATION.

INCREASED NUMBERS OF SOCIAL MEDIA FOLLOWERS. OUR PLATFORMS REACH

NEW AND EXPANDED PROGRAMS AT STANDWITHUS DURING THE LAST FEW YEARS

MILLIONS OF PEOPLE EACH WEEK.

INCLUDE:

Name of the organization **Employer identification number** ISRAEL EMERGENCY ALLIANCE 01-0566033 WE HAVE OPENED PROGRAMS IN THE NETHERLANDS, AUSTRALIA AND SOUTH AFRICA. WE OPENED UP A DEPARTMENT FOR RABBIS FROM ACROSS NORTH AMERICA, FROM ALL DENOMINATIONS. THE PURPOSE IS TO PROVIDE THEM WITH FREE RESOURCES THAT WILL ENHANCE THEIR CONGREGATIONS ENGAGEMENT AND EDUCATION WITH ISRAEL AND ALSO HELP THEM FIGHT ANTISEMITISM. WE OPENED A HOLOCAUST EDUCATION CENTER TO BRING CURRICULUM INTO THE CLASSROOM. TO HELP LOWER THE INCIDENTS OF HOLOCAUST DENIAL AND RAISE THE LEVEL OF EDUCATION. THIS PROGRAM HAS FLOURISHED WITH THOUSANDS OF STUDENTS ALREADY ENGAGED. WE NOW HAVE NUMEROUS NEW BOOKLETS ON ANTISEMITISM WHICH CAN BE FOUND AT STANDWITHUS.COM/BOOKLETS WE CONTINUE TO PRODUCE NEW FILMS WHICH RECEIVE MILLIONS OF VIEWS ANNUALLY. WE HAVE OPENED OUR CENTER FOR COMBATING ANTISEMITISM WHICH CONSTANTLY RESPONDS TO THREATS AND USES LEGAL MEANS TO FIGHT ANTISEMITISM. WE OPENED OUR DISCOVER ISRAEL CENTER WHICH IS ABLE TO OFFER VIRTUAL TOURS TO ISRAEL. EXPENSES \$ 1,532,403. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,881. FORM 990, PART VI, SECTION A, LINE 2: ARTHUR AND DAHLIA BIGLER HAVE A FAMILY RELATIONSHIP. HAIM AND HELEN DAYAN HAVE A FAMILY RELATIONSHIP.

Name of the organization **Employer identification number** ISRAEL EMERGENCY ALLIANCE 01-0566033 STEVEN EMERSON AND RITA EMERSON HAVE A FAMILY RELATIONSHIP. MARTY AND SUSAN JANNOL HAVE A FAMILY RELATIONSHIP. FRED AND DINA LEEDS HAVE A FAMILY RELATIONSHIP. ALON AND ROSANA MILLER HAVE A FAMILY RELATIONSHIP. ADAM AND GILA MILSTEIN HAVE A FAMILY RELATIONSHIP. DAVID AND JANET POLAK HAVE A FAMILY RELATIONSHIP. ROZ AND JERRY ROTHSTEIN HAVE A FAMILY RELATIONSHIP. NATY AND DEBBIE SAIDOFF HAVE A FAMILY RELATIONSHIP. HOWARD AND SONYA WALDOW HAVE A FAMILY RELATIONSHIP. MICHAEL WIENIR, MD AND ADRIENNE P. WIENIR HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - A DRAFT OF THE FORM 990 IS PREPARED BY AN OUTSIDE CPA, UNDERGOES CAREFUL REVIEW BY THE CONTROLLER AND THE EXECUTIVE DIRECTOR AND IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL AND TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EVERY EMPLOYEE IS REQUIRED TO SIGN AN EMPLOYEE HANDBOOK WHEN THEY ARE HIRED. ON PAGES 49 AND 50 OF THE HANDBOOK, THE CONFLICT OF INTEREST POLICY IS DESCRIBED. THE POLICY IS MONITORED THROUGH SUPERVISORY MEETINGS. ARE AWARE OF ALL ACTIVITIES THAT ARE WORK RELATED AND HAVE OPEN LINES OF COMMUNICATION. IF THERE IS ANY INDICATION THAT THERE IS AN ISSUE WITH ANY EMPLOYEE WITH REGARD TO A POTENTIAL CONFLICT OF INTEREST, MANAGEMENT MEETS WITH THEM PERSONALLY AND REITERATES THE COMPANY POLICY. WE MAKE A DETERMINATION AND DISCUSS THE POTENTIAL POSSIBILITY OF CONFLICT WITH THE ORGANIZATION, AND ADVISE THE EMPLOYEE TO EITHER CEASE OR ALTER THE ACTIVITY OR WE TAKE ACTION ACCORDINGLY. TO DATE, WE HAVE NEVER HAD TO TERMINATE AN

Employer identification number Name of the organization ISRAEL EMERGENCY ALLIANCE 01-0566033 EMPLOYEE BECAUSE OF THIS ISSUE. FORM 990, PART VI, SECTION B, LINE 15: THE CEO AND COO ARE RESPONSIBLE FOR HIRING EMPLOYEES WITHIN EACH CATEGORY OF WORK. ONCE A SEARCH IS COMPLETE, IF THE EMPLOYEE'S SALARY EXCEEDS \$100,000 DOLLARS ANNUALLY, THE BOARD OF DIRECTORS ARE PART OF THE DECISION TO HIRE (OR NOT TO HIRE) THE CANDIDATE. THERE IS ALWAYS A STUDY DONE OF OTHER 990'S TO MAKE SURE THAT THE COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILAR POSITIONS IN OTHER CHARITABLE ORGANIZATIONS. IEA IS ALWAYS ON THE LOW SIDE OF THE STUDY FOR COMPENSATION. THE CEO AND COO ARE PERIODICALLY REVIEWED BY THE EXECUTIVE MEMBERS OF THE BOARD OF DIRECTORS, WHICH TEMPORARILY BECOMES THE COMPENSATION COMMITTEE. THE SALARIES IN OTHER COMPARABLE FIELDS ARE STUDIED (THROUGH OTHER 990'S) AND CHECKED TO SEE IF THE COMPENSATION BY THE IEA IS REASONABLE WHEN COMPARED TO OTHER SIMILAR ORGANIZATIONS. A FULL COMPENSATION SURVEY IS CREATED AND STUDIED BY THE COMPENSATION COMMITTEE. BASED ON THE CAPACITY OF THE ORGANIZATION, JOB PERFORMANCE AND COMPARISON TO OTHER SIMILAR CHARITIES, THE EXECUTIVE COMMITTEE ARRIVES AT A SUGGESTED ANNUAL REMUNERATION FOR THE TWO TOP EXECUTIVES. THE CEO AND THE COO ARE THEN ADVISED OF THE DECISION REACHED BY THE COMPENSATION COMMITTEE. IEA REMAINS ON THE LOW SIDE OF THE STUDY FOR COMPENSATION TO ITS CEO AND COO. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

ISRAEL EMERGENCY ALLIANCE

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

01-0566033

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	ome	(e) End-of-yea	I	(f) Direct controlling		a
of disregarded entity		foreign country)			j			ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organizati	ion answered "Yes" on Form 990), Part IV, line 34, l	becaus	e it had one	or more r	elated tax-exe	mpt 	
(a)	(b)	(c)	(d)	D. I	(e)	Division	(f)		g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	statu	us (if section		Direct controlling entity		rolled tity?
AIDOFF FORESIGHT FOUNDATION				- 3	01(c)(3))			Yes	No
980 BEVERLY GLEN CIRCLE, STE 300	PROVIDE FUNDING FOR					TCDAFT.	EMERGENCY		
OS ANGELES, CA 90077-1735	EDUCATIONAL PURPOSES	CALIFORNIA	501(C)(3)	LINE	12A, I	ALLIANC		x	
HE TOMORROW FOUNDATION - 85-2735149							<u> </u>	 	
505 WILSHIRE BLVD, 5TH FLOOR	PROVIDE FUNDING FOR					ISRAEL	EMERGENCY		
OS ANGELES, CA 90048	EDUCATIONAL PURPOSES	CALIFORNIA	501(C)(3)	LINE	12A, I	ALLIANC	E	х	

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a particiship during the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	allocations?				Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	io		
										\vdash			
							<u> </u>			\vdash			
	l							<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:								
		country)		,				Yes	No							
-	-															
-																
	-															

Page 2

ISRAEL EMERGENCY ALLIANCE 01-0566033 Schedule R (Form 990) 2022 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)				. 1b		X		
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
				1k		Х		
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 								
O Sharing or paid employees with related organization(s)				. <u>1o</u>		Х		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				. 1r		Х		
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered re	elationships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved				
(1) CATROLE FORESTAIN BOUNDAMION	c	500 050	EMG7					
(1) SAIDOFF FORESIGHT FOUNDATION	<u> </u>	500,850.	r m v					
(2)								
(4)								
(3)								
(4)								
(4)								
(5)								
(6)								
200100 00 14 00	1		Schodu	lo D (Eorr	n 000)	2022		

Yes No

1a

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Schedule R (Form 990) 2022 ISRAEL EMERGENCY ALLIANCE 01-0566033 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership