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ARMANINO ^{LLP}

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ISRAEL EMERGENCY ALLIANCE		D Employer identification number 01-0566033
	Doing business as STANDWITHUS		E Telephone number (310) 836-6140
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 341069	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90034		G Gross receipts \$ 29,265,850.
F Name and address of principal officer: ROZ ROTHSTEIN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.STANDWITHUS.COM		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001	M State of legal domicile: CA
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE ABOUT ISRAEL AND FIGHT RISING ANTISEMITISM.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	142
	6 Total number of volunteers (estimate if necessary)	6	90
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22,876,282.	22,832,472.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,183.	199,482.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,341.	-214,662.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,965.	40,214.
		23,212,771.	22,857,506.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,082,496.	11,821,086.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	30,911.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	836,550.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,701,797.	8,108,272.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,815,204.	19,929,358.	
19 Revenue less expenses. Subtract line 18 from line 12	9,397,567.	2,928,148.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,985,989.	28,445,145.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,878,491.	2,932,784.
	24,107,498.	25,512,361.	

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.

Sign Here	Signature of officer		Date		
	ROZ ROTHSTEIN, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KATY BROWN	KATY BROWN	11/13/23		P00650274
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	ARMANINO LLP 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	94-6214841		310-478-4148	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III 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 listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] 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 services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,253,403. including grants of \$) (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

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 ISRAEL. OUR WORK HAS GROWN SIGNIFICANTLY IN ISRAEL. WE RECENTLY 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)

4c (Code:) (Expenses \$ 2,600,954. including grants of \$) (Revenue \$ 19,900.) CAMPUS SUPPORT AND COMMUNITY ACTIVITIES IN THE U.S.

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (46); 1b Enter the number of voting members included on line 1a, above, who are independent (46); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 taxable entity during the year? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, IL, NY, WA
18 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.
[] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JERRY ROTHSTEIN - 310-836-6140
P.O. BOX 341069, LOS ANGELES, CA 90034

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.
 - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROZ ROTHSTEIN CEO	40.00 1.00			X				350,396.	0.	6,680.
(2) JEREMY ROTHSTEIN COO	40.00 1.00			X				323,100.	0.	6,080.
(3) MICHAEL DICKSON DIRECTOR - ISRAEL	40.00					X		269,554.	0.	0.
(4) AVI POSNICK MANAGING DIRECTOR	40.00					X		190,478.	0.	6,902.
(5) MAX SAMAROV DIRECTOR	40.00					X		149,856.	0.	1,140.
(6) AVI GORDON DIRECTOR	40.00					X		143,708.	0.	6,037.
(7) GARY RATNER SENIOR EXECUTIVE	40.00					X		139,856.	0.	6,706.
(8) ESTHER RENZER BOARD PRESIDENT	10.00	X		X				0.	0.	0.
(9) STEVEN EMERSON BOARD VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(10) MARTY JANNOL BOARD VICE PRESIDENT	1.50	X		X				0.	0.	0.
(11) BRUCE R. LEDERMAN BOARD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(12) LAWRENCE POST BOARD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(13) NATY SAIDOFF BOARD VICE PRESIDENT	1.50	X		X				0.	0.	0.
(14) BARRY WOLFE BOARD TREASURER	2.00	X		X				0.	0.	0.
(15) ADRIENNE P. WIENIR BOARD SECRETARY	1.00	X		X				0.	0.	0.
(16) ROBERT AMKRAUT BOARD MEMBER	1.00	X						0.	0.	0.
(17) ARTHUR BILGER BOARD MEMBER	1.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAHLIA BILGER BOARD MEMBER	1.50	X						0.	0.	0.
(19) HAIM DAYAN BOARD MEMBER	1.50	X						0.	0.	0.
(20) HELEN DAYAN BOARD MEMBER	1.50	X						0.	0.	0.
(21) RITA EMERSON BOARD MEMBER	2.00	X						0.	0.	0.
(22) TOM FLESH BOARD MEMBER	2.00	X						0.	0.	0.
(23) JANET GORDON BOARD MEMBER	2.00	X						0.	0.	0.
(24) MOTI GUR BOARD MEMBER	2.00	X						0.	0.	0.
(25) STEVE HEFTER BOARD MEMBER	2.00	X						0.	0.	0.
(26) JANICE HEFTER BOARD MEMBER	1.50	X						0.	0.	0.
1b Subtotal								1,566,948.	0.	33,545.
c Total from continuation sheets to Part VII, 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 18

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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) Name and business address	(B) Description of services	(C) 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 \$100,000 of compensation from the organization 14

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LARRY J. HOCHBERG BOARD MEMBER	1.00	X						0.	0.	0.
(28) ALAN HOWARD, DMD BOARD MEMBER	1.00	X						0.	0.	0.
(29) SUSAN JANNOL BOARD MEMBER	3.00	X						0.	0.	0.
(30) SHMUEL KATZ MD BOARD MEMBER	4.00	X						0.	0.	0.
(31) ANDREW KLIGERMAN BOARD MEMBER	1.50	X						0.	0.	0.
(32) DINA LEEDS BOARD MEMBER	1.00	X						0.	0.	0.
(33) FRED LEEDS BOARD MEMBER	1.00	X						0.	0.	0.
(34) BARAK LURIE BOARD MEMBER	1.00	X						0.	0.	0.
(35) DEBRA MEPPEN BOARD MEMBER	1.00	X						0.	0.	0.
(36) MOSHE MEPPEN BOARD MEMBER	1.00	X						0.	0.	0.
(37) ALON MILLER BOARD MEMBER	1.50	X						0.	0.	0.
(38) ROSANA MILLER BOARD MEMBER	1.50	X						0.	0.	0.
(39) ADAM MILSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(40) GILA MILSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(41) TAMMY MORGANSTERN BOARD MEMBER	1.00	X						0.	0.	0.
(42) DAVID POLAK BOARD MEMBER	1.00	X						0.	0.	0.
(43) JANET POLAK BOARD MEMBER	1.00	X						0.	0.	0.
(44) BARAK RAVIV BOARD MEMBER	1.50	X						0.	0.	0.
(45) SHERI ROSS BOARD MEMBER	1.50	X						0.	0.	0.
(46) SUSY RUBINSTEIN BOARD MEMBER (LEFT 10/22)	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,110,984.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,009,022.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,712,466.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,364,677.				
	h Total. Add lines 1a-1f		22,832,472.				
Program Service Revenue	2 a EDUCATIONAL EVENTS	Business Code					
		611710	176,586.	176,586.			
	b HONORARIA	611710	22,896.	22,896.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		199,482.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		220,903.			220,903.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				5,610,877.			
	b Less: cost or other basis and sales expenses	7b	6,046,442.				
	c Gain or (loss)	7c	-435,565.				
	d Net gain or (loss)		-435,565.			-435,565.	
8 a Gross income from fundraising events (not including \$ 2,110,984. of contributions reported on line 1c). See Part IV, line 18	8a		361,902.				
			361,902.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		37,820.				
			0.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		37,820.	37,820.				
Miscellaneous Revenue	11 a CREDIT CARD CASH REBAT	Business Code					
		611710	2,394.			2,394.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		2,394.					
12 Total revenue. See instructions		22,857,506.	237,302.	0.	-212,268.		

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	23,201.	8	42,578.
	9 Prepaid expenses and deferred charges	197,002.	9	99,003.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,258,636.		
	b Less: accumulated depreciation	10b 1,041,576.		
	11 Investments - publicly traded securities	6,507,939.	11	8,677,383.
	12 Investments - other securities. See Part IV, line 11	2,106,128.	12	3,178,669.
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	25,985,989.	16	28,445,145.	
Liabilities	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. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,009,022.	25	1,659,920.
	26 Total liabilities. Add lines 17 through 25	1,878,491.	26	2,932,784.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,685,136.	27	25,252,993.
	28 Net assets with donor restrictions	12,422,362.	28	259,368.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.	

Part XI 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	24,107,498.
5	Net unrealized gains (losses) on investments	5	-1,523,285.
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.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,840,684.
6 Public support. Subtract line 5 from line 4.						78,771,210.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	13,753,338.	17,496,851.	17,652,951.	22,876,282.	22,832,472.	94,611,894.
8 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,229,032.	954,899.	123,935.	471,881.	364,296.	3,144,043.
11 Total support. Add lines 7 through 10						98,111,503.
12 Gross receipts from related activities, etc. (see instructions)					12	1,253,289.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	80.29 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	81.64 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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 complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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 greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part 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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ISRAEL EMERGENCY ALLIANCE

Employer identification number

01-0566033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special 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 \$ _____

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).

Name of organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,000,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,015,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,009,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 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 _____ _____ _____	\$ 1,209,811.	08/22/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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Part 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ISRAEL EMERGENCY ALLIANCE Employer identification number 01-0566033

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, a, and b regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 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					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part 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 (B), line 10c.)				1,217,060.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.)	1,704,127.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e 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)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,659,920.

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 ...

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

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:			
a	Net unrealized gains (losses) on investments	2a	-1,523,285.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-264,626.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	22,857,506.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	17,851.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	19,929,358.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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)**

Department of the Treasury
Internal Revenue Service

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.

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 EMERGENCY ALLIANCE	Employer identification number 01-0566033
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments 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.
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.
3 a Subtotal	1	27			4,364,332.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	27			4,364,332.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes 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 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 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 No

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

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

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.

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.

STANDWITHUS ALSO SUPPORTS THE EDUCATIONAL EFFORTS OF STANDWITHUS

OFFICES IN CANADA, THE UNITED KINGDOM, BRAZIL, AND THE NETHERLANDS, AND

OFFERS PROGRAMS IN SOUTH AFRICA AND AUSTRALIA.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FESTIVAL OF LIGHTS (event type)	CHICAGO CAMPUS CHAMPIONS (event type)	9 (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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	134,393.	26,508.	15,273.	176,174.
	7	Food and beverages	5,281.	1,359.	7,896.	14,536.
	8	Entertainment			8,357.	8,357.
	9	Other direct expenses	91,078.	24,908.	46,849.	162,835.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				361,902.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ISRAEL EMERGENCY ALLIANCE

Employer identification number

01-0566033

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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.

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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **ISRAEL EMERGENCY ALLIANCE**
Employer identification number: **01-0566033**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	4	4,946.	ESTIMATED PRICE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	6,650.	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	1,353,081.	FNV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 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 OF CONTRIBUTIONS REPRESENTS NUMBER OF BATCHES OF STOCKS DONATED

AND NUMBER OF EQUIPMENT RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ISRAEL EMERGENCY ALLIANCE

Employer identification number

01-0566033

FORM 990, 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
AFRICA, 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.
FOR 21 YEARS, 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 ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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 ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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

Name of the organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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

Name of the organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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.

NEW AND EXPANDED PROGRAMS AT STANDWITHUS DURING THE LAST FEW YEARS

INCLUDE:

INCREASED NUMBERS OF SOCIAL MEDIA FOLLOWERS. OUR PLATFORMS REACH
MILLIONS OF PEOPLE EACH WEEK.

Name of the organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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 ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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. WE

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

Name of the organization ISRAEL EMERGENCY ALLIANCE	Employer identification number 01-0566033
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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)**

Department of the Treasury
Internal Revenue Service

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.

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 <p align="center">ISRAEL EMERGENCY ALLIANCE</p>	Employer identification number <p align="center">01-0566033</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAIDOFF FORESIGHT FOUNDATION 2980 BEVERLY GLEN CIRCLE, STE 300 LOS ANGELES, CA 90077-1735	PROVIDE FUNDING FOR EDUCATIONAL PURPOSES	CALIFORNIA	501(C)(3)	LINE 12A, I	ISRAEL EMERGENCY ALLIANCE	X	
THE TOMORROW FOUNDATION - 85-2735149 6505 WILSHIRE BLVD, 5TH FLOOR LOS ANGELES, CA 90048	PROVIDE FUNDING FOR EDUCATIONAL PURPOSES	CALIFORNIA	501(C)(3)	LINE 12A, I	ISRAEL EMERGENCY ALLIANCE	X	

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

Schedule R (Form 990) 2022

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAIDOFF FORESIGHT FOUNDATION	C	500,850. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

