efil	e Pu	ıblic Visı	al Render ObjectId: 202201759349300925 - Submissio	n: 2022-0	6-24	TI	N: 20-5879279
<u>.</u> *			Return of Organization Exempt From	Income	Tax	C	OMB No. 1545-0047
Form	93	<i>9</i> 0	•				2020
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may			ons)	2020
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the la				Open to Public Inspection
							Inspection
			alendar year, or tax year beginning 09-01-2020 , and ending 08-31 C Name of organization	-2021	1		
_		applicable: change	ALLIANCE FOR MIDDLE EAST PEACE INC				ication number
		hange			20-58792	279	
	tial re		Doing business as				
_		rn/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	P	E Telephone	number	
		ion pending	1725 I ST NW NO 300		(937) 68	1-2273	
-			City or town, state or province, country, and ZIP or foreign postal code		-		
			WASHINGTON, DC 20006		G Gross rece	eipts \$ 1,	.242,168
			F Name and address of principal officer: KEVIN RACHLIN	H(a) Is thi	s a group retu	ırn for	
			1725 I ST NW NO 300		·dinates? Il subordinate	C	🗆 Yes 🗹 No
T Tar	v-0V0	mpt status:	WASHINGTON, DC 20006	incluc		5	🗆 Yes 💭 No
			✓ 501(c)(3)		o," attach a lis		
JW	ebsi	te: 🕨 WW	W.ALLMEP.ORG	Group	o exemption r	number	•
V Form	m of o	rappization	Corporation Trust Association Other	L Year of form	ation: 2006	M State	of legal domicile: DC
N FOIT		nganization.					
Pa	art I	Sum					
			cribe the organization's mission or most significant activities: NCE IS A GROWING COALITION OF SOME 90 NON-GOVERNMENTAL ORGAN	IIZATIONS W	ORKING ON F	PEACE A	AND
Ce		RECONCIL	IATION.				
nan							
ven			_				
Governance			s box ▶ □ f voting members of the governing body (Part VI, line 1a)			3	23
	4		f independent voting members of the governing body (Part VI, line 1a)			4	23
Activities &	5		ber of individuals employed in calendar year 2020 (Part V, line 22)			5	4
μi.	_		ber of volunteers (estimate if necessary)			6	0
Ac			elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 39			7b	0
				Pri	ior Year		Current Year
æ	8	Contribut	ions and grants (Part VIII, line 1h)		1,074,84	12	1,241,971
Revenue	9	Program s	service revenue (Part VIII, line 2g)			0	0
Sev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)....		1,68	36	197
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,40	00	0
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,136,92	28	1,242,168
			d similar amounts paid (Part IX, column (A), lines 1–3)			0	0
			baid to or for members (Part IX, column (A), line 4)			0	0
88			other compensation, employee benefits (Part IX, column (A), lines 5–10)		517,49		561,710
Exp enses			nal fundraising fees (Part IX, column (A), line 11e)			0	0
с С			aising expenses (Part IX, column (D), line 25) 191,253				576 704
		-	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		91,20		576,791
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		608,70		1,138,501
<u>له</u>	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning	528,22 of Current Ye		103,667 End of Year
Net Assets or Fund Balances							
sse Bala	20	Total asse	ets (Part X, line 16)		686,28	33	1,104,153
et A	21	Total liabi	lities (Part X, line 26)		4,41	11	8,729
ŹĽ	22	Net asset	s or fund balances. Subtract line 21 from line 20		681,87	72	1,095,424
	art II	Signa	ature 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	ature of officer				2022-06-16 Date		
gn ere								
		IN RACHLIN U.S. DI e or print name and						
		Print/Type prepare	r's name	Preparer's signature	Date 2022-06-16	Check if PTIN	7800	
id					2022-00-10	self-employed		
	arer	Firm's name	TURNER LEINS & GC	DLD LLC		Firm's EIN 🕨 54-20243	361	
e	Only	Firm's address 🕨 1	108 CENTER ST N 2N	ND FLOOR		Phone no. (703) 242-65	500	
		Λ.	VIENNA, VA 22180					
				`	ions)		🗹 Yes 🗌 No	
Pa	perwork R	Reduction Act N	otice, see the se	eparate instructions.	Cat. N	lo. 11282Y	Form 99	0 (2020
				Page	2			
				rage	2			
	90 (2020)							Page 2
art I			-	Accomplishments				
B		ck if Schedule O c ribe the organizat		se or note to any line in t	his Part III • • • • •			
				DUCT CIVIL SOCIETY WO	ORK IN CONFLICT TRANSFOR	MATION, DEVELOPM	ENT, COEXISTE	NCE
					NG ISRAELIS, PALESTINIAN			
D)id the ora	anization underta	ke any significant	t program services during	the year which were not lis	ted on		
							🗌 Yes 🛛	No
If	f "Yes," des	scribe these new	services on Scheo	dule O.				
			2.	ke significant changes in	how it conducts, any program	m		
			iges on Schedule	•••••			☐ Yes	🗹 No
			-		of its three largest program	services as measure	ad hy avnances	
S	Section 501	(c)(3) and 501(c		s are required to report t	he amount of grants and allo			
		-, -, -, -,		•				
•	Code:		(Expenses \$	77,293 including g	rants of \$ ERS, OPINION LEADERS AND TH) STAND THAT THE	WORK
				ARY FOR ANY HOPE FOR PEAC		E WIDER FODEIC ONDER	STAND THAT THE	WORK
•	Code: PUBLIC VISAR) ((Expenses \$ FION - ALLMEP HELP!	109,498 including g	rants of \$ ON LEADERS AND THE WIDER PU) (Revenue \$ IBLIC UNDERSTAND THA) T THE WORK OF I	TS
		RTI ITY AND EDUCAT	ION ALLINEI HELIS			DEIC ONDERGIAND THA		15
	COALITION IS		OUT NECESSARY FOR	R ANY HOPE FOR PEACE IN TH				
C		S NOT JUST NICE, B						
(Code:	S NOT JUST NICE, B	(Expenses \$	450,874 including g) (Revenue \$ TAL AND ACTING AS A N)	OR. WE
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Form 990 (2020)

Alliance For Middle East Peace Inc - Full Filing- Nonprofit Explorer - ProPublica

4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🔞	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III \mathfrak{B} .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 5 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😼	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 3	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional **	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> " <i>Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2020)

— Page 4 —

Page **4**

Pa	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>	23		No

9/9/24,	4:23 PM	Alliance For Middle East Peace Inc - Full Fil	ing- Nonprofit Explorer - ProPublic	a			
24-							
24a	Did the organization have a tax-exempt bon the last day of the year, that was issued afte complete Schedule K. If "No," go to line 25a	er December 31, 2002? If "Yes," answer line	es 24b through 24d and	24a		No	
b	Did the organization invest any proceeds of	tax-exempt bonds beyond a temporary per	iod exception?	24b			
	Did the organization maintain an escrow acc to defease any tax-exempt bonds?		•••	24c			
d	Did the organization act as an "on behalf of	' issuer for bonds outstanding at any time o	during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(transaction with a disqualified person during			25a		No	
b	Is the organization aware that it engaged in that the transaction has not been reported or <i>Schedule L</i> , Part I	on any of the organization's prior Forms 990) or 990-EZ? If "Yes," complete	25b		No	
26	Did the organization report any amount on F officer, director, trustee, key employee, crea member of any of these persons? <i>If "Yes," c</i>	tor or founder, substantial contributor, or 3	5% controlled entity or family	26		No	
27	Did the organization provide a grant or othe employee, creator or founder, substantial co 35% controlled entity (including an employe Schedule L,Part III	ntributor, or employee thereof, a grant sele ee thereof) or family member of any of the	ection committee member, or to a se persons? <i>If "Yes," complete</i>	27		No	
	Was the organization a party to a business t instructions for applicable filing thresholds, o	conditions, and exceptions):					
а	A current or former officer, director, trustee, complete Schedule L, Part IV	key employee, creator or founder, or subs	tantial contributor? If "Yes,"	28a		No	
b	A family member of any individual described	in line 28a? If "Yes," complete Schedule L	, Part IV	28b		No	
С	A 35% controlled entity of one or more indiv complete Schedule L, Part IV			28c		No	
29							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M						
31	Did the organization liquidate, terminate, or	dissolve and cease operations? If "Yes," co	omplete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose Schedule N, Part II			32		No	
33	Did the organization own 100% of an entity 301.7701-2 and 301.7701-3? If "Yes," comp	disregarded as separate from the organiza olete Schedule R, Part I	tion under Regulations sections	33		No	
34	Was the organization related to any tax-exe Part V, line 1			34		No	
35a	Did the organization have a controlled entity	γ within the meaning of section 512(b)(13) ²	?	35a		No	
b	If 'Yes' to line 35a, did the organization rece within the meaning of section 512(b)(13)? I	ive any payment from or engage in any tra f "Yes," complete Schedule R, Part V, line 2	nsaction with a controlled entity	35b			
36	Section 501(c)(3) organizations. Did the organization? If "Yes," complete Schedule R			36		No	
37	Did the organization conduct more than 5% is treated as a partnership for federal incom			37		No	
38	Did the organization complete Schedule O a All Form 990 filers are required to complete			38	Yes		
Par		IRS Filings and Tax Compliance			ł	_	
	Check if Schedule O contains a r	response or note to any line in this Par	tV	<u> </u>			
12	Enter the number reported in Box 3 of Form	1096. Enter -0- if not applicable	1 a 1		Yes	No	
	Enter the number of Forms W-2G included in		1b 0				
с	Did the organization comply with backup wit						
	(gambling) winnings to prize winners? .			1c	Yes	. (2020)	
				F	orm 99 (0 (2020)	
		Page 5					
C • • • • • •	000 (2020)						
	990 (2020)	TDC Eilings and Tay Compliance /	continued)			Page 5	
Par 2a	Enter the number of employees reported on	IRS Filings and Tax Compliance (c			<u> </u>		
20	Tax Statements, filed for the calendar year e this return	ending with or within the year covered by	2a 4				
-			<u> </u>	26	V		

9/9/24,	4:23 PM Alliance For Middle East Peace Inc - Full Filing- Nonprofit Explorer - ProPublic	a		
D	If at least one is reported on line 2a, did the organization file all required rederal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	162	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	Ja		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
	in res, completer or in 7/20, Schedule O.	1		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines				
50	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •					
Se	ction A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21							
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?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	 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? 							
b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	b Each committee with authority to act on behalf of the governing body?							
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 in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No				
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	-				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	-				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		-				
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		-				
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a	Yes	-				
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10b 11a 12a	Yes	-				
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	-				
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	10b 11a 12a 12b 12c	Yes Yes Yes	No				
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No				
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No				
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No				
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No				
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No				
b 11a b 12a b c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No				
b 11a b 12a b c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No				
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement sunder applicable federal tax law, and take steps to safeguard the organization's exempt	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No No				
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official Cher officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? Ceton C. Disclosure List the states with which a copy of this Form 990 is required to be filed	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No No				
b 111a b 12a b c 13 14 15 a b 16a b <u>Se</u>	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No No				

- 🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)
- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: ►THE ORGANIZATION 1725 I ST NW NO 300 WASHINGTON, DC 20006 (202) 618-4600

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Form 990 (Part VII	2020) Page 7 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	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or 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 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	pers	an òn on is	e bo botl	t ch ox, ι h an	eck m inless office ustee)	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(1) AVI MEYERSTEIN PRESIDENT AND FOUNDER	3.00	х		x				0	0	0
(2) GIORGIO GOMEL PRESIDENT ALLMEP EUROPE	2.00	х		х				0	0	0
(3) ANNIE KAPLAN SPAR SECRETARY	3.00	х		х				0	0	0
(4) MAX SHULMAN TREASURER	2.00	х		x				0	0	0
(5) FR JOSH THOMAS CHAIRMAN	2.00	х		x				0	0	0
(6) KARI REID US DIRECTOR	40.00			x				19,735	0	4,630
(7) KEVIN RACHLIN US DIRECTOR	40.00	х						118,150	0	20,250
(8) JOHN LYNDON EXECUTIVE DIRECTOR	1.00	х						0	111,547	0
(9) IBRAHIM ALHUSSEINI DIRECTOR	1.00	х						0	0	0
(10) DEANNA ARMBRUSTER DIRECTOR	1.00	х						0	0	0
(11) MAYSA BARANSI-SINIORA DIRECTOR	1.00	х						0	0	0
(12) MICHAEL CASPI DIRECTOR	1.00	х						0	0	0
(13) JEAN-DANIEL COHEN	1.00									

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70/21, 1.201 M	, and noo i oi m		aoti	0400				
DIRECTOR		Х				U	U	
(14) JOANNA GOODWIN FRIEDMAN DIRECTOR	1.00	х				0	0	
(15) DANNY HAKIM DIRECTOR	1.00	х				0	0	(
(16) RUTH JARMUL DIRECTOR	2.00	х				0	0	
(17) CHARLES KREMER DIRECTOR	1.00	х				0	0	
								Form 990 (2020

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Part VII	Section A. Officers, Director	s, Trustees, Key Employees	, and Highest Compensated	I Employees (continued)
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(A) Name and title	(B) Average hours per week (list any hours	than o is b	ne bo oth a	(C) (do not check more e box, unless person h an officer and a rector/trustee)				n compensation from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations	
(18) BARAK LAZOON	1.00	х						0	0	0	
DIRECTOR		^						Ű			
(19) RAFIQ MASRI DIRECTOR	1.00	×						0	0	0	
(20) GREG RACK	1.00										
DIRECTOR		×						0	0	0	
(21) TAL RECANATI	1.00	х						0	0	0	
DIRECTOR (22) NIVINE SANDOUKA											
DIRECTOR	1.00	×						0	0	0	
(23) MARK ZIVIN	1.00										
DIRECTOR		×						0	0	0	
							-				
1b Sub-Total)						
d Total (add lines 1b and 1c)					- 1			137,885	111,547	24,880	

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 ► 1

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

	Yes	No
3		No

Errany individual listed on line 1a, is the sum of reportable componsation and other componsation from the https://projects.propublica.org/nonprofits/organizations/205879279/202201759349300925/full

9/9/24,	4:23 PM		Alliance For Middle					a		
-	organization and related organization	nizations grea	iter than \$150,000?	If "Yes," complete S	Schedule J fo	or such				
5	Did any person listed on line is services rendered to the organ					on or indi		4	No	_
					,		· · ·	5	No	
<u> </u>	ction B. Independent Co Complete this table for your fi		mpensated independ	lent contractors that	t received n	nore than	\$100,000 of cor	npensat	ion	
	from the organization. Report	compensation	n for the calendar ye	ar ending with or w	ithin the or	ganizatior	's tax year.			
		(A Name and bus				Desci	(B) iption of services		(C) Compensation	
2 T	otal number of independent co	ntractors (incl	uding but not limited	d to those listed abo	ove) who ree	ceived mo	ore than \$100,00	0 of		
C	ompensation from the organiza	tion 🕨 0						Fc	orm 990 (202	20)
										,
				Page 9						
Form	990 (2020)								Page	e 9
Pa	tt VIII Statement of Rev	venue								
	Check if Schedule O	contains a res	ponse or note to any		r				🗆	
				(A) Total revenue	(B) Relate		(C) Unrelated		(D) Revenue	
					exem funct		business revenue		xcluded from under sectior	
		Τ			rever				512 - 514	
<u>8</u>	derated campaigns	1a								
Grants	embership dues	1b								
6										
Gifts,	Indraising events	1c								
Contributions,	ated organizations	1d								
ibu	vernment grants (contributions)	1e								
t i	3	16								
	other contributions, gifts, grants,	1								
	nd similar amounts not included bove	1f								
	1,241,971									
g N	Noncash contributions included in ines 1a - 1f:\$									
		1g								
hT	otal. Add lines 1a-1f	• • •	1,241,971							
_	-		Business Code					_		
2										
nue										
Bev	› 							_		
ce	:									
ervi										
E	1							_		
Program Service Revenue	3									
-										
	f All other program service re									
	9 Total. Add lines 2a–2f			[1					
:	3 Investment income (including similar amounts)		nterest, and other	197					1	197
	4 Income from investment of ta		nd proceeds	L						
	5 Rovalties				Ī					

,	····,-····	-				I	5 1	I	1
			(i) Rea	al	(ii) Personal				
6	Gross rents	6a							
b	Less: rental expenses	6b				-			
с	Rental income or (loss)	6c							
	d Net rental income	e or (loss)		•				
			(i) Securi	ties	(ii) Other				
7:	Gross amount from sales of assets other than inventory	7a							
b	Less: cost or other basis and sales expenses	7b				_			
с		7c							
	d Net gain or (loss)			· ·	· · · ►				
e.	Gross income from fu (not including \$	Indrai	sing events of						
Other Revenue	contributions reported See Part IV, line 18		ine 1c).	8a					
ď	b Less: direct expen	ses		8b					
er	c Net income or (los	s) fr	om fundraisir	ng eve	ents 🔹 🕨				
đ									
	Gross income from See Part IV, line 19		ng activities.						
				9a 9b		_			
	b Less: direct expen c Net income or (los								
		5) 11	oni gannig a		es 🕨				
10	a Gross sales of inve								
	returns and allowa	inces	• •	10a					
	b Less: cost of good	s sol	d	10b					
_	C Net income or (los	s) fr	om sales of i	nvento	ory 🕨				
	Miscellaneo	ous R	levenue		Business Code				
1:	La								
	b								
	c								
	d All other revenue								
	e Total. Add lines 1								
	2 Total revenue. S								
11	- iotai revenue. S	ee in	structions .	•	>	1 242 168	0	0	197

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Form 990 (2020) Page 10 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). \checkmark Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1 **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	144,613	92,572	18,231	33,810
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	368,592	235,950	46,466	86,176
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,641	17,694	3,485	6,462
10	Payroll taxes	20,864	13,356	2,630	4,878
11	Fees for services (non-employees):				
i	Management				
I	b Legal	310,113	199,901	79,553	30,659
	: Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	175,447	35,793	138,427	1,227
12	Advertising and promotion				
13	Office expenses	26,707	15,398	6,438	4,871
14	Information technology	32,844	9,769	702	22,373
15	Royalties				
16	Occupancy				
17	Travel	23,049	22,667		382
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	589		589	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS	3,550	0	3,135	415
	b TRAINING AND CONFERENCE	3,486		3,486	
	c MEALS AND ENTERTAINMENT	1,006	1,006		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,138,501	644,106	303,142	191,253
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				
	Check here 💌 🗆 II Tollowing SOP 98-2 (ASC 938-720).		1		

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Part X Balance Sheet

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Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	680,222	1	953,140
2 Savings and temporary cash investments		2	
3 Diadaes and grants receivable net	4 459	2	75 000

ies and grants receivable net

9/9/24	l, 4:23		For Middle East I	Peace Inc - Full Filing- Nor	nprofit Explorer -	ProPub	lica
	-		├ ───	.,	<u> </u>	,	
	4	Accounts receivable, net		· · ·		4	
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, sub controlled entity or family member of any of th	stantial contribute			5	
	6	Loans and other receivables from other disqua section $4958(f)(1)$, and persons described in				6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
4 S	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,945			
	b	Less: accumulated depreciation	10b	1,932	1,602	10c	1,013
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line			12		
	13	Investments-program-related. See Part IV, lin	e11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	75,000
	16	Total assets. Add lines 1 through 15 (must ed		686,283	16	1,104,153	
	17	Accounts payable and accrued expenses .			4,411	17	8,729
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete	le D		21		
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contr or family member of any of these persons	ontrolled entity		22		
Ë	23	Secured mortgages and notes payable to unrel			23		
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, r and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		d third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			4,411	26	8,729
Balances		Organizations that follow FASB ASC 958, o complete lines 27, 28, 32, and 33.	check here 🕨 🤇	and			
ala	27	Net assets without donor restrictions			669,725	27	945,424
	28	Net assets with donor restrictions		· · · ·	12,147	28	150,000
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.		re 🕨 🗌 and			
s or	29	Capital stock or trust principal, or current fund	•		29		
set	30	Paid-in or capital surplus, or land, building or e			30		
Assets	31	Retained earnings, endowment, accumulated in	ncome, or other fi	unds	004 070	31	
Net	32	Total net assets or fund balances		· · ·	681,872	32	1,095,424
Z	33	Total liabilities and net assets/fund balances			686,283	33	1,104,153
							Form 990 (2020

– Page 12 –

Form 990 (2020) Page **12** Part XI **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 1,242,168 1 . . 2 Total expenses (must equal Part IX, column (A), line 25) . 2 1,138,501 3 3 103,667 . . . 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 681,872 5 -229 Net unrealized gains (losses) on investments . . . 5 . . . 310,114 6 6 Donated services and use of facilities 7 7 Investment expenses 8 Prior period adjustments . 8 . . . • 9 Other changes in net assets or fund balances (explain in Schedule O) . . . 9 0

.

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10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		1	,095,424
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Contexponent Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2020)

Return to Form

Form 990 (2020)

Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

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efil	e Put	olic Visual	Render	ObjectId: 2	20220175934930	0925 - Subm	ission: 2022-	06-24	TIN: 20-5879279		
-		ULE A		Public	Charity Statu	s and Pu	blic Supp	ort	OMB No. 1545-0047		
		or 990EZ)	Cor	nplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service				Go to <u>www.irs</u>	Attach to Form <u>s.gov/Form990</u> for in	ormation.	Open to Public Inspection				
		he organiza R MIDDLE EAS						Employer identifi			
								20-5879279			
	rt I organiz	Reason ation is not	for Public a private four	Charity Stat ndation because	us (All organization e it is: (For lines 1 thro	<u>s must compl</u> ough 12, check (ete this part.) only one box.)	See instructions.			
		A church, d	convention of	churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).			
		A school de	escribed in se	ection 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)				
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .											
ŀ		A medical name, city,		anization operat	ed in conjunction with	a hospital desc	ribed in section	170(b)(1)(A)(iii).	Enter the hospital's		
5				d for the benefit	it of a college or unive)	rsity owned or o	operated by a gov	ernmental unit descr	ibed in section		
5					r governmental unit de						
				rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from	a governmental (init or from the gene	ral public described in		
3			•		n 170(b)(1)(A)(vi).						
)									llege or university or a		
 non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 											
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
2		more publi	cly supported	l organizations		609(a)(1) or se	ection 509(a)(2). See section 509(he purposes of one or (a)(3). Check the box		
3		Type I. A organizatio	12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported ration(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must ete Part IV, Sections A and B.								
5		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar						
2		Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				ated with, its		
I		Type III r	on-function	ally integrate	,	ization operated	in connection w	th its supported orga	nization(s) that is not guirement (see		
9	\Box		,	•	rt IV, Sections A and ved a written determir	•		vpe I, Type II, Type II	I functionally		
F	Enter			,	integrated supporting						
J					upported organization(· · · · · · · · -			
	(i) N	Name of sup organizatio		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
ota											
r F	Paperv	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule A (Form	990 or 990-EZ) 2020		
					Pa	ge 2					
hei	م ماناه	(Form 990 (or 990-EZ) 20	120							
	rt II		,		zations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(Page 2 (1)(A)(vi)		
		(Compl If the o	ete only if y rganization	ou checked tl		or 8 of Part I	or if the organ	ization failed to qu	alify under Part III.		
60		A. Public	Support			•					

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(or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grant.") 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						
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 amoun	t					
shown on line 11, column (f).6 Public support. Subtract line 5 from						
line 4.	•					
Section B. Total Support						_
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest,						
dividends, payments received on securities loans, rents, royalties and	.					
income from similar sources.						
9 Net income from unrelated business	5					
activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain of	or					
loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through	1					
10						
12 Gross receipts from related activities		-			12	
13 First 5 years. If the Form 990 is for	5			•		anization, check
this box and stop here			<u></u>			
Section C. Computation of Pub			1			
14 Public support percentage for 2020 (14	
15 Public support percentage for 2019 S	•				15	c hov
16a 33 1/3% support test—2020. If th						
and stop here. The organization qua b 33 1/3% support test—2019. If t						
box and stop here. The organization						
17a 10%-facts-and-circumstances te						
is 10% or more, and if the organizat						
in Part VI how the organization meet						
organization						
15 is 10% or more, and if the organ Explain in Part VI how the organizat	nization meets the	e "facts-and-circu	mstances" test, ch	neck this box and	stop here.	
supported organization						► 🗆
instructions						
				Sche	aule A (Form 990) or 990-EZ) 2020
		Page	e 3 ———			
Schedule A (Form 990 or 990-EZ) 2020						Page 3

Pa	art III Support Schedule for (Complete only if you the organization fails t	checked the boy	on line 10 of P	art I or if the o	rganization faile		er Part II. If
_	ction A. Public Support	1			r	1	1
	ndar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
` 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	378,874	563,758	640,183	1,074,842	1,241,971	3,899,628
	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						

				5					
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								
6	the organization without charge Total. Add lines 1 through 5	378,874	563,758	640,183	1,074,842	1.2	41,971	3.8	399,628
	Amounts included on lines 1, 2, and		000,700	0.10/200	2/07 1/0 12	-/-	12/3/ 2	57	0
b	3 received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified								0
	persons that exceed the greater of \$5,000 or 1% of the amount on line								U
-	13 for the year. Add lines 7a and 7b.								0
с 8	Public support. (Subtract line 7c							2 (399,628
- 64	from line 6.) Interction B. Total Support							5,0	599,020
-	endar year	(-) 2016	(b) 2017	(-) 2010	(1) 2010	(-) 2020	14) Total	
(or	fiscal year beginning in) 🕨	(a) 2016 378,874	(b) 2017 563,758	(c) 2018 640,183	(d) 2019 1,074,842	(e) 2020	-) Total	200 620
9 10a	Amounts from line 6 Gross income from interest,	3/8,8/4	503,758	640,183	1,074,842	1,2	41,971	3,0	399,628
	dividends, payments received on			84	1,686		197		1,967
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
с	1975. Add lines 10a and 10b.			84	1,686		197		1,967
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital				60,400				60,400
4.5	assets (Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).	378,874	563,758		1,136,928		42,168		961,995
14	First 5 years. If the Form 990 is for	-			-				\neg
- 56	check this box and stop here	Support Porce	<u></u>	<u></u>				►	
15	Public support percentage for 2020 (li	ine 8, column (f) d	livided by line 13,	column (f))		15		98.	430 %
16	Public support percentage from 2019	Schedule A, Part I	II, line 15 . . .			16			930 %
Se	ection D. Computation of Invest								
17	Investment income percentage for 20	-				17			050 %
18	Investment income percentage from 2 331/3% support tests—2020. If the					18	nd line 1		060 %
	more than 33 $1/3\%$, check this box and								
	33 1/3% support tests—2019. If th								18 is
	not more than 33 1/3%, check this box	x and stop here.	The organization of	qualifies as a publ	icly supported org	ganization .	🕨	•	
20	Private foundation. If the organizat	ion did not check a	a box on line 14,	19a, or 19b, checl					
					Schedu	le A (Form	990 or 9	90-EZ)	2020
			Page 4						
			i uge i						
Sche	dule A (Form 990 or 990-EZ) 2020							P	age 4
	t IV Supporting Organization	าร							uge I
	(Complete only if you checked								
	box 12b, of Part I, complete Section 12d, of Part I, complete Sect			12c, of Part I, co	mplete Sections A	, D, and E. I	lf you che	ecked bo	x
Se	ction A. All Supporting Organiz		i i						
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s								
	describe the designation. If historic a					,,	1		<u> </u>
2	Did the organization have any suppor	ted organization th	nat does not have	an IRS determina	ation of status und	der section			<u> </u>
-	509(a)(1) or (2)? If "Yes," explain in I								
			rganization deter	mined that the su	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	described in section 509(a)(1) or (2).		rganization deter	mined that the su	,,		2		
3a	Did the organization have a supported		-						
За b		d organization des	cribed in section 5	501(c)(4), (5), or	(6)? If "Yes," answ	wer lines 3b	and 3a		

https://projects.propublica.org/nonprofits/organizations/205879279/202201759349300925/full

determination.

3b

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- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990 or 990-EZ) 2020

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

10a

Page	5
------	---

Schedule A (Form 990 or 990-EZ) 2020

Part IV

Supporting Organizations (continued)

Page 5

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
	governing body of a supported organization?			
b	A family member of a person described in 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
60	vie			

3	ection b. Type I Supporting Organizations		
			Yes
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

1

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 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?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below. \square
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) \square

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? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a
- b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
 - 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? If "Yes" or "No", provide details in Part VI.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

3b

Yes

Yes

No

1

2

3

No

Page 6

Scheo	lule A (Form 990 or 990-EZ) 2020			Page G
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
4	Total (add lines to the and to)	14		

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u	i utai (auu inico 1a, 10, anu 10)	1	· ·	1
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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporting org	anization (see

: y g lly-integrated Type III supporti ng orga on (s \cup instructions)

Schedule A (Form 990 or 990-EZ) 2020

– Page 7 –

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Part V Ty	pe III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cor	ntinued)
Section D - I	Distributions				Current Year
1 Amounts pa	id to supported organizations to accomplish	exempt purposes		1	
2 Amounts pa	id to perform activity that directly furthers of come from activity		organizations, in	2	
3 Administrat	ive expenses paid to accomplish exempt put	rposes of supported organization	ons	3	
4 Amounts pa	id to acquire exempt-use assets			4	
5 Qualified se	t-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distri	putions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annu	al distributions. Add lines 1 through 6.			7	
	s to attentive supported organizations to wh art VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8	
9 Distributabl	e amount for 2020 from Section C, line 6			9	
10 Line 8 amou	nt divided by Line 9 amount			10	
Sectio	n E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1 Distributable	amount for 2020 from Section C, line 6				
	utions, if any, for years prior to 2019 cause required <i>explain in Part VI).</i> ons.				
3 Excess distri	butions carryover, if any, to 2020:				
a From 2015					
b From 2016					
d From 2018					
e From 2019					
f Total of line	3				
	underdistributions of prior years				
	2020 distributable amount				
instructions					
-	Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions \$	for 2020 from Section D, line 7:				
J.					

a Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017.		
c Excess from 2018		
d Excess from 2019		
e Excess from 2020		
	Schedule A (F	orm 990 or 990-EZ) (2020)

Page 8 –

Schedule A (Form 990 or 990-EZ) 2020

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).

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

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Software ID: Software Version:

efile Public Visual Rende	er Objectld: 202201759349300925 - Submission: 2022-06-24		TIN: 20-5879279
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	Attach to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	Go to <u>www.irs.gov/Form990</u> for the latest information.		2020
Name of the organization ALLIANCE FOR MIDDLE EAS	ST PEACE INC	Employer id	lentification number
		20-5879279	
Organization type (chec	k one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation	
	527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	\Box 4947(a)(1) nonexempt charitable trust treated as a private found	ation	
	\Box 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of or ALLIANCE F	ganization FOR MIDDLE EAST PEACE INC	Employer identification	n number
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

9/9/24, 4:23		For Middle East	Peace Inc - Full Filir	ng- Nonpro	fit Explorer - ProPu	blica
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(C) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(C) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(C) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(C) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	ncash property given			(C) or estimate) instructions)	(d) Date received
-					\$	
					Schedule B (Form	990, 990-EZ, or 990-PF) (2020)
		P	age 4			
Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)					Page 4
Name of or	ganization				Employer ident	
ALLIANCE F	FOR MIDDLE EAST PEACE INC				20-5879279	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Compl e total of <i>exclus</i> structions.) ►	lete columns (a) th sively religious, ch	rough (e)	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	tion of how gift is held
_						
-	Transferee's name, address, and) Transfer of gift R	Relationsh	ip of transferor to	transferee
(a)						
No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	tion of how gift is held
-						
F	Transferee's name, address, and) Transfer of gift R	Relationsh	ip of transferor to	transferee

9/9/24, 4:23 PM	Alliance For	Middle East Peace Inc - Full Filing- Nonp	rofit Explorer - ProPublica
Part I	(v) · dipose of give	(0) 000 01 3111	
	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relations	ship of transferor to transferee
(a)			
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· =	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relations	ship of transferor to transferee
=	,,		
		Sche	dule B (Form 990, 990-EZ, or 990-PF) (2020

Additional Data

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Software ID: Software Version:

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efile Public Visual	Render		349300925 - Submission: 2		TIN: 20-5879279 OMB No. 1545-0047
SCHEDULE C (Form 990 or 990-EZ)	For Orga	-	gn and Lobbying Ac		2020
Department of the Treasury	•	-	ncome Tax Under section 50		2020
Internal Revenue Service			cribed below. ►Attach to Form 0 for instructions and the lates		Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organiz If the organization ans Section 501(c)(3) org Section 501(c)(3) org Section 501(c)(3) org If the organization ans (Proxy Tax) (see separ 	ganizations: (er than sectio zations: Comp wered "Yes' rganizations t rganizations t wered "Yes' rate instructi	Complete Parts I-A and B. Do on 501(c)(3)) organizations: C plete Part I-A only. ' on Form 990, Part IV, Line that have filed Form 5768 (ele that have NOT filed Form 576 ' on Form 990, Part IV, Line	omplete Parts I-A and C below. Do 4, or Form 990-EZ, Part VI, line 4 ection under section 501(h)): Comp 8 (election under section 501(h)): 6 5 (Proxy Tax) (see separate insti-	not complete Part I-B. 17 (Lobbying Activities) , blete Part II-A. Do not com Complete Part II-B. Do not	then plete Part II-B. complete Part II-A.
Name of the organizat	ion	i i i i i i i i i i i i i i i i i i i		Employer identif	fication number
	AST FLACE INC			20-5879279	
Part I-A Complet	e if the or	ganization is exempt u	nder section 501(c) or is a s	section 527 organiza	tion.
"political campaig	n activities")	-	ct political campaign activities in Pa	·	definition of
			tions) nder section 501(c)(3).	<u>_</u>	
		• •	ation under section 4955	.	
		, .	n managers under section 4955		
		, ,	rm 4720 for this year?		
_					Yes No
b If "Yes," describe	in Part IV.				
Part I-C Complet	e if the or	ganization is exempt u	nder section 501(c), except	section 501(c)(3).	
1 Enter the amount	directly expe	ended by the filing organization	on for section 527 exempt function	activities > \$	
			ted to other organizations for sections	on 527 exempt	
3 Total exempt fund	tion expendit	tures. Add lines 1 and 2. Ente	er here and on Form 1120-POL, line	e 17b 🕨 🕴	
4 Did the filing orga	nization file l	Form 1120-POL for this yea	r?	••••••	🗌 Yes 🗌 No
organization mad of political contrib	e payments. outions receiv	For each organization listed, red that were promptly and di	mber (EIN) of all section 527 politic enter the amount paid from the fili irectly delivered to a separate polit ce is needed, provide information i	ng organization's funds. A ical organization, such as	the filing lso enter the amount
(a) Name	(E) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For Paperwork Reduction	Act Notice, s	ee the instructions for Form 99	90 or 990-EZ. Cat. No	. 50084S Schedule C (Fo	rm 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020

Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under costion E01/h))

_				
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated generation generation affiliated generation affiliated generation affiliated a	d group member's name	e, address, EIN,
в	Check \blacktriangleright if the filing organization checked box A	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	14,999	1
С	Total lobbying expenditures (add lines 1a and 1b)		14,999	1
d	Other exempt purpose expenditures		644,106	2
е	Total exempt purpose expenditures (add lines 1c and	d 1d)	659,105	i
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both	123,866	,
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f	·)	30,967	,
h			0	J
i	Subtract line 1f from line 1c. If zero or less, enter -0		0	J

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

🗌 Yes 🗌 No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total					
2a	Lobbying nontaxable amount	130,325	75,420	77,718	123,866	407,329					
b	Lobbying ceiling amount (150% of line 2a, column(e))					610,994					
с	Total lobbying expenditures	13,500	13,500	4,148	14,999	46,147					
d	Grassroots nontaxable amount	32,581	18,855	19,430	30,967	101,833					
e	Grassroots ceiling amount (150% of line 2d, column (e))					152,750					
f	Grassroots lobbying expenditures	6,750	6,750		C (Earm 000 a	15,574					

Schedule C (Form 990 or 990-EZ) 2020

Page 3

Schedule C (Form 990 or 990-EZ) 2020 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? а Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b С Media advertisements? Mailings to members, legislators, or the public? d Publications. or published or broadcast statements? e

http	tps://projects.propublica.org/nonprofits/organizations/205879279/202201759349300925/f	üll	
http	tps://projects.propublica.org/nonprofits/organizations/205879279/202201759349300925/f	üll	

i	Other activities?					
j	Total. Add lines 1c through 1i			İ -		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Ļ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		l
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	III-A	line 3	3, is		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a b	Current year Carryover from last year	2a 2b				
с	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	Int IV Supplemental Information	•				
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); I ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	e
	Return Reference Explanation					
	Schedule	C (For	m 990	or 9	90EZ)	2020

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g h Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

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efil	e Public Visua	al Render	ObjectId: 2022017	759349300925 - Si	ubmission: 2022	-06-2	4	TIN: 20-5	879279
	HEDULE D n 990)		Supplemen	ntal Financial	Statements			OMB No. 15	45-0047
Departi	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. Department of the Treasury Attach to Form 990.						ZU Open to	20 Public	
	Revenue Service	►G	o to <u>www.irs.gov/Form</u>					Inspec	tion
	me of the organ ANCE FOR MIDDLE					_	bloyer ident	tification num	ıber
Ра			ntaining Donor Advi nization answered "Ye				ounts.		
				(a) Donor ad	vised funds		(b) Funds a	and other accou	unts
1			\cdots						
2 3	Aggregate value		ns to (during year)						
4		•							
5	Did the organiza	ation inform al	donors and donor adviso t to the organization's ex				funds are th		No
6	charitable purpo	oses and not fo	grantees, donors, and do r the benefit of the donor 	r or donor advisor, or fo	r any other purpose of				No
Par		vation Ease	ements. Inization answered "Ye	es" on Form 990, Par	t IV, line 7.				
1			sements held by the organ						
	Preservation	on of land for J	oublic use (e.g., recreation	n or education)	Preservation of an	histor	ically import	ant land area	
	Protection	of natural hab	itat		Preservation of a	certifie	d historic str	ructure	
	Preservation	on of open spa	ce						
2	Complete lines a comple		if the organization held a ne tax year.	qualified conservation	contribution in the fo	rm of a		on t he End of the	e Year
а	Total number of	conservation e	asements			2a			
b	Total acreage real	stricted by cor	servation easements			2b			
с			nents on a certified histori			2c			
d	structure listed i	in the National	5			2d			
3	Number of cons tax year ►	ervation easer	nents modified, transferre	ed, released, extinguish	ed, or terminated by	the or	ganization d	uring the	
4	Number of state	es where prope	rty subject to conservatio	on easement is located	<u> </u>		_		
5			written policy regarding the rvation easements it holds rvation easements rvation easement rvation easements rvation easement rvation easement rva			of viola		Yes 🗌	No
6	Staff and volunt	teer hours dev	oted to monitoring, inspec	cting, handling of violat	ions, and enforcing c	onserv	ation easem	ents during the	e year
7	Amount of expe	enses incurred	in monitoring, inspecting,	, handling of violations,	and enforcing conser	vation	easements	during the year	r
8			nent reported on line 2(d)			70(h)(_	Yes 🗌	No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	e footnote to the organiz					
Par			ntaining Collections			er Si	milar Asse	ets.	
1a			nization answered "Ye permitted under FASB AS			nt and	balance she	et works of art	
	historical treasu Part XIII, the te	ires, or other s ext of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education ients that describes the	n, or research in furth se items.	erance	e of public se	ervice, provide,	
Ь	historical treasu following amour	ires, or other s nts relating to		lic exhibition, education	n, or research in furth	erance	e of public se	ervice, provide	
			00, Part VIII, line 1						
(i	i)Assets included	in Form 990,	Part X				. 🕨 \$		
2			held works of art, histori be reported under FASB			incial g	ain, provide	the	
а	Revenue include	ed on Form 99), Part VIII, line 1				. ►\$		
b			Part X						
For F	Paperwork Redu	uction Act No	tice, see the Instruction	ns for Form 990.	Cat. No.	52283	BD Sched	ule D (Form 9	90) 202

			— Page 2						
Sche	dule D (Form 990) 2020		ruge z					Da	
_	III Organizations Maintaining Co	llections	of Art Histor	ical Tre	asures o	r Other Similar	Assats (cont		age 2
3	Using the organization's acquisition, accessic items (check all that apply):								
а	Public exhibition		d		Loan or exch	ange programs			
b	Scholarly research		e		Other				
с									
4	Preservation for future generations Provide a description of the erganization's co	lloctions and	l ovalain how th	ov furthe	r the organi	zation's avampt pur	rnoco in		
4	Provide a description of the organization's co Part XIII.	nections and	i explain now th	ey iurthe	er the organi	zation's exempt pur	pose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t						🗌 Yes		
Pai	t IV Escrow and Custodial Arrange Complete if the organization ans line 21.		" on Form 990), Part I	V, line 9, o	r reported an am	ount on Form	n 990, Par	tΧ,
1a	Is the organization an agent, trustee, custod								
	included on Form 990, Part X?						Yes	🗌 No	
b	If "Yes," explain the arrangement in Part XII	I and comple	ete the following	ı table:			Amount		
c	Beginning balance		-			1c		<u> </u>	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Par	rt X, line 21, for	escrow	or custodial	account liability?	🗌 Yes		
b	If "Yes," explain the arrangement in Part XII	I. Check here	e if the explanat	ion has t	peen provide	d in Part XIII	. 🗆		
Ра	rt V Endowment Funds.				·				
	Complete if the organization ans								
1a	Beginning of year balance	(a) Currei	nt year (b)	Prior year	(C) 1W0	years back (d) Three	years back (e)	Four years be	JCK
	Contributions								
	Net investment earnings, gains, and losses								—
	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end	l balance (line 1	.g, colum	ın (a)) held a	as:			
b	Permanent endowment 🕨								
с	Term endowment 🕨								
_	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse organization by:	ssion of the	organization that	at are hel	ld and admir	histered for the		Yes N	0
	(i) Unrelated organizations						. 3a(i)		_
	(ii) Related organizations						. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizatio		•				. 3b		
4	Describe in Part XIII the intended uses of the	-	n's endowment	funds.					
Pai	t VI Land, Buildings, and Equipme Complete if the organization ans		" on Form 99() Part I	V line 11a	See Form 990	Part X line 1	n	
	Description of property (a) Cost or of (investm	ther basis	(b) Cost or othe			cumulated depreciation		Book value	
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								_
	Other				,945	1,93	32		1,013
ſota	I. Add lines 1a through 1e. (Column (d) must	equal Form	990, Part X, colu	umn (B),	line 10(c).)	🕨			1,01

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	Part IV, lin	ie 11b		d of valuation:
(including name of security)	Book value			-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIIIInvestments - Program Related.Complete if the organization answered 'Yes' on Form 990,	Part IV/ lin	o 11c	See Form 990	Part V line 13
(a) Description of investment	<u>, arc iv</u> , in		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				Value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	e 11d.	See Form 990, Par	
(a) Description (1)GRANTS RECEIVABLES - LONG TERM				(b) Book value 75,000
(2)				, 5,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				75,000

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.

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1.	(a) Description of Hability	(D) BOOK VAIUE
(1) Federal income taxes		
		-
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25	5.)	

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

— Page 4 —

Schedule D (Form 990) 2020

rt XI Reconciliation of Revenue per Auc Complete if the organization answered			turn.	Page 4
Total revenue, gains, and other support per audited			1	1,552,053
Amounts included on line 1 but not on Form 990, P			_	1,552,655
Net unrealized gains (losses) on investments		-229		
Donated services and use of facilities		310,114		
Recoveries of prior year grants				
Other (Describe in Part XIII.)				
Add lines 2a through 2d			2e	309,885
Subtract line 2e from line 1			3	1,242,168
Amounts included on Form 990, Part VIII, line 12, I	out not on line 1 :			
Investment expenses not included on Form 990, Pa	rt VIII, line 7b . 4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	0
Total revenue. Add lines 3 and 4c. (This must equa	I Form 990, Part I, line 12.) .		5	1,242,168
t XII Reconciliation of Expenses per Au Complete if the organization answered			eturn.	
Total expenses and losses per audited financial stat			1	1,138,501
Amounts included on line 1 but not on Form 990, P	art IX, line 25:			
Donated services and use of facilities	2a			
Prior year adjustments	2 b			
Other losses	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	0
Subtract line 2e from line 1			3	1,138,501
Amounts included on Form 990, Part IX, line 25, bu	t not on line 1:			
Investment expenses not included on Form 990, Pa	rt VIII, line 7b 4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	0
Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.) .		5	1,138,501
rt XIII Supplemental Information				
vide the descriptions required for Part II, lines 3, 5, a s 2d and 4b; and Part XII, lines 2d and 4b. Also com	nd 9; Part III, lines 1a and 4; Par plete this part to provide any addi	t IV, lines 1b and 2b; Part V tional information.	/, line 4; Parl	t X, line 2; Part XI,
Return Reference		Explanation		
X, LINE 2:	IN ACCORDANCE WITH AUTHORI INCOME TAXES ISSUED BY THE F UNCERTAIN TAX POSITIONS WHE BE SUSTAINED UPON EXAMINATI	ASB, THE ORGANIZATION N IT IS MORE LIKELY THAI	RECOGNIZES	S TAX LIABILITIES F A TAX POSITION W

LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE PART X, LINE 2

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GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FASB, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

Schedule D (Form 990) 2020

Additional Data

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efile Public Visual Ren	nder O	bjectId: 202	20175934930	0925 - Submission:	2022-06-24	TIN: 20-5879279	
	State	ement of A	Activities	Outside the Un	ited States	OMB No. 1545-0047	
Form 990)	► Comp	lete if the organiz	ete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.				
epartment of the Treasury ernal Revenue Service	nformation.	Open to Public Inspection					
ame of the organization		2			Employer ide	ntification number	
LLIANCE FOR MIDDLE EAST	PEACE INC				20-5879279		
Part I General Info Form 990, Pa			Outside the l	Jnited States. Comple	ete if the organization a	answered "Yes" on	
-		-		substantiate the amoun stance, and the selection	-		
	-		-			🗌 Yes 🗌 Ne	
For grantmakers. D outside the United St		Part V the orga	inization's proce	dures for monitoring the	use of its grants and ot	her assistance	
Activites per Region. (The followir	ng Part I, line 3 t	able can be dupli	cated if additional space is	s needed.)		
(a) Region ISRAEL/PALESTINE REGION		(b) Number of offices in the region		(d) Activities conducted in 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	a (f) Total expenditures for and investments in the region 54,2	
		1	PROGRAM SERVICE		CAPACITY BUILDING, MEMBER RELATIONS, ADVOCACY AND EDUCATION		
EUROPEAN REGION				PROGAM SERVICES	MEMBER RELATIONS, ADVOCACY AND EDUCATION	12,00	
3a Sub-total		1	0			66,29	
b Total from continuation Part I .	sheets to	0	0				
c Totals (add lines 3a an or Paperwork Reduction Act		1			No. 50082W Schedu	66,29 Ile F (Form 990) 2020	

— Page 2 –

Schedule	e F (Form 990)	2020							Page 2
Part I			sistance to Organ y recipient who rece						on Form 990,
1 (a) org	Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

//9/24, 4:23 PM	I	Alliar	nce For Middle Ea	ast Peace Inc - Full Fi	iling- Nonprofit Exp	lorer - ProPublica	
2 Enter total number of rec exempt by the IRS, or for	ipient organization which the grantee	s listed above the e or counsel has p	at are recognized as provided a section 5	charities by the foreign 01(c)(3) equivalency let	country, recognized a	as tax-	
3 Enter total number of oth	er organizations or	r entities	<u></u>	<u></u>	<u></u>	🕨 Sch	edule F (Form 990) 2020
				— Page 3 ————			
Schedule F (Form 990) 2020				l dge 5			Page 3
Part III Grants and Ot				ed States. Complete in	f the organization ar	swered "Yes" on Form	
(a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
							appraisal, other)
							dule F (Form 990) 2020

Page 4 ----

edule F (Form 990) 2020		Page 4
rt IV Foreign Forms		
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)		🗹 No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be requin to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreig Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for For 3520 and 3520-A; don't file with Form 990)	gn ms	🗹 No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organizati may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	5.	🗹 No
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)	_	🗹 No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organizati may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	_	🗹 No
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).	_	🗹 No

	Page 5	
Schedule F (Form 990) 2020	Page 5	5

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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.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
-	
-	
	C-h-dula E (E-um 000) 2020
	Schedule F (Form 990) 2020

Additional Data

Software ID: Software Version:

Cat. No. 51056K

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efile Public	Visual Render	ObjectIo	d: 202201759	934930092	25 - Submiss	ion: 2022-	06-24	TIN: 20-5879279
(Form 990 or 990-EZ) Complete Department of the Treasury			nental Information to Form 990 or 990-EZ to provide information for responses to specific questions on 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. To to <u>www.irs.gov/Form990</u> for the latest information.			OMB No. 1545-0047 2020 Open to Public Inspection		
Name of the org	anization	c					Employer iden	ntification number
	JDLE EAST PEACE INC	L					20-5879279	
Return Reference				E	Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF	⁻ DIRECTORS	REVIEWS THE	FORM 990 B	EFORE IT IS F	ILED		
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF THERE ARE NO		-	VIEWS ITS A	SSOCIATIONS		ORS AND CONT	RIBUTORS TO ENSURE
FORM 990, PART VI, SECTION B, LINE 15A	INDEPENDENT	BOARD MEM	BERS APPROVE	E THE SALAF	RY OF THE EX	ECUTIVE DIR	ECTOR	
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZA STATEMENTS A					T OF INTERE	ST POLICY, ANE) FINANCIAL
FORM 990, PART IX, LINE 11G	OTHER PROFES 138,427. FUNDR					3. MANAGEM	ENT AND GENE	RAL EXPENSES

Software ID: Software Version:

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

Additional Data

Schedule O (Form 990 or 990-EZ) 2020

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