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Explenses Revenue Activities & Governance	2 3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16a 17 18 19 20	THE ÁLLIA Check thi: Number of Number of Total num Total num Total num Total num Otal num Total num Total num Total num Net unrela Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe Revenue	NCE IS A GR s box ► □ f voting mer f independer ber of individ ber of volum elated busines cons and grad service rever nt income (P enue (Part V nue—add lin d similar am baid to or for other compe nal fundraising aising expense benses (Part I enses. Add lin ess expense tess expense	OWING COALT mbers of the go nt voting memil duals employed teers (estimate ss revenue fro s taxable incon nts (Part VIII, li ue (Part VIII, li ue (Part VIII, li art VIII, column (A), es 8 through 1 ounts paid (Pa members (Part nsation, emplo ng fees (Part IX s (Part IX, column X, column (A), nes 13–17 (mu s. Subtract line me 16)	TION OF SOME 160 Net overning body (Part VI, bers of the governing b d in calendar year 202 e if necessary) m Part VIII, column (C ne from Form 990-T, P ne 1h) ine 2g) n (A), lines 3, 4, and 7 , lines 5, 6d, 8c, 9c, 10 .1 (must equal Part VII rt IX, column (A), lines t IX, column (A), lines t IX, column (A), line 4 yee benefits (Part IX, c, column (A), line 11e (C, column (A), line (C), line	ON-GOVERNMEN , line 1a) body (Part VI, line 22 (Part V, line 2a 23 (Part V, line 11 . 24) 4) 51–3) 4) column (A), line 24) 24) mn (A), line 25)	e 1b)			• • • • • • • • • • • • • • • • • • •	3 4 5 6 743 743 743 293 552 293 558 000 552 293 558 000 10 216 00 355 571 0177 1410	Current Yea 1,53 1,55 1,75	23 10 0 7 80,719 0 823 1,282 32,824 0 0 0,773 0 51,381 52,154 80,670
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					2024-05-01			
Sign	Sig	gnature of officer			Date			
Here	KA	RI REID US DIRECTOR						
	Тур	pe or print name and title						
		Print/Type preparer's name	Preparer's signature	Date 2024-05-01	Check 🗌 if	PTIN P00527899		
Paid		Firm's name FURNER LEINS &		2021 05 01	self-employed Firm's EIN > 54			
Prepar					FILLIN S LIN P 5	+-2024301		
Use O	шу	Firm's address 🕨 108 CENTER ST N	2ND FLOOR		Phone no. (703)) 242-6500		
		VIENNA, VA 2218	30					
May the I	IRS disc	uss this return with the preparer	shown above? See Instructions			. 🗹 Yes		
For Pape	erwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	F	orm 99	0 (2022
			Page 2					
- orm 990) (2022))						Page 2
Part III	, ,	atement of Program Servio	e Accomplishments					Tuge 1
		eck if Schedule O contains a resp	-	Part III				
1 Brie		scribe the organization's mission:						
		S A NETWORK OF NGO'S THAT CO					DEXISTE	ENCE
AND COO	PERATI	VE ACTIVITIES ON THE GROUND	IN THE MIDDLE EAST AMONG	ISRAELIS, PALESTINIAN	NS, ARABS, AND) JEWS.		
2 Did	the or	ganization undertake any significa	ant program services during the	e vear which were not li	sted on			
		form 990 or 990-EZ?				N	(es 🔽	No
If "	'Yes," de	escribe these new services on Scl	nedule O.					
3 Did	the or	ganization cease conducting, or n	nake significant changes in how	it conducts, any progra	am	_		_
ser	vices?					. C	Yes	🗹 No
If "	'Yes," de	escribe these changes on Schedu	le O.					
		he organization's program service						
		01(c)(3) and 501(c)(4) organization of the serve of the s		imount of grants and all	locations to othe	ers, the total e	expense	es,
•	ode:) (Expenses \$	47,006 including grants) (Revenue \$)	
		ALYSIS, EDUCATION, AND ADVOCACY - LITION IS NOT JUST NICE, BUT NECES			HE WIDER PUBLIC	UNDERSTAND I		= WORK
•	ode:) (Expenses \$	188,025 including grants	•) (Revenue \$)	
		ABILITY AND EDUCATION - ALLMEP HE IS NOT JUST NICE, BUT NECESSARY F			UBLIC UNDERSTA	ND THAT THE W	ORK OF	ITS
4c (Co	ode:) (Expenses \$	705,092 including grants	s of \$) (Revenue \$	1,	,282)	
		EDS - ALLMEP HAS A REGIONAL OFFIC					CONVEN	IOR. WE
wo	ORK ON N	IETWORKING, CAPACITY BUILDING, SH	TARING BEST PRACTICES AND CONS	SULTING TO OUR MEMBERS	ON THEIR VARIO	US NEEDS.		
4d Oth	her nroc	gram services (Describe in Sched						
	xpenses		luding grants of \$) (Revenue	\$)		
4e To	tal pro	gram service expenses 🕨	940,123					
						F	orm 99	90 (2022
			Page 3					
Form 990	(2022)							Daga
Part IV		ecklist of Required Schedu						Page
Failiv		ecklist of Required Sched	lies				Yes	No
1 Ist	the orga	anization described in section 501	.(c)(3) or 4947(a)(1) (other tha	an a private foundation)	? If "Yes," comp	olete	Yes	
Sch	hedule A	4 🐒			. 1	1		
		anization required to complete Sc				2	Yes	
		ganization engage in direct or ind		es on behalf of or in opp	oosition to candi	idates 3		No
		office? If "Yes," complete Schedu					┣───	<u> </u>
		01(c)(3) organizations. Did th			section 501(h)			
ele	ction in	effect during the tax year? If "Ye	s," complete Schedule C, Part I			4	Yes	
5 Ist	the orga	anization a section 501(c)(4), 501	(c)(5), or 501(c)(6) organizati	on that receives membe	ership <u>du</u> es,		1	

Form 990 (2022)

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

	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🐒 . .	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 🗐	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? If "Yes," complete Schedule D, Part IV 😼	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	
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
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	
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule G, Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

Form **990** (2022)

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Page **4**

Pa	Part IV Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J</i>	23	Yes		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No	

b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		·
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			110
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		res	NU
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		ŀ	orm 99	0 (2022)
	Page 5			
_				
	990 (2022)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3. Transmittal of Wage and			
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ļ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a projects propublica org/popprofits/organizations/205870270/202401360340311385/full			L
mps://	projects.propublica.org/nonprofits/organizations/205879279/202401369349311385/full			

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тα	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	INO
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).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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? \ldots	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.		
а	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:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	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		
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? If "No," provide an explanation in Schedule O	14b	
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	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
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
		For	m 000 (2022)

Form **990** (2022)

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Form 990 (2022)

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a. 8b. or 10b below. describe the circumstances. processes. or chanaes in Schedule O. See instructions. Part VI

/9/24,	4:21 PM Alliance For Middle East Peace Inc - Full Filing- Nonprofit Explorer - ProPublic	a		
	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 24			
	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 23			
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 supervision 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
12-	Describe on 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? If "No," go to line 13	11a 12a	Yes Yes	
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13	Yes	No
b c	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 on Schedule O how this was done</i>	12a 12b 12c	Yes	No
b c 13 14 15	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14	Yes	
b c 13 14 15 a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a	Yes	No
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13 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? If "Yes," describe on Schedule O how this was done 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	12a 12b 12c 13 14	Yes Yes Yes	
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 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? If "Yes," describe on Schedule O how this was done 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 on Schedule O. See instructions.	12a 12b 12c 13 14 15a	Yes Yes Yes	No
b c 13 14 15 a b 16a	Did the organization have a written conflict of interest policy? If "No," go to line 13 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? If "Yes," describe on Schedule O how this was done 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 on 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?	12a 12b 12c 13 14 15a	Yes Yes Yes	No
b c 13 14 15 a b 16a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
b c 13 14 15 a b 16a b <u>Se</u>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
b c 13 14 15 a b 16a b <u>Se</u>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 1725 I ST NW 300 WASHINGTON, DC 20006 (202) 618-4600 20

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

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ectoi	n is r/tru	both a istee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	organization organ		(W-2/1099- MISC/1099- MISC/1099-			
(1) AVI MEYERSTEIN	10.00	х		x				61,833	0	0		
PRESIDENT AND FOUNDER		^		^				01,855	0	0		
(2) GIORGIO GOMEL	2.00	х		x				0	0	0		
PRESIDENT ALLMEP EUROPE		^		^				0	0	0		
(3) ANNIE KAPLAN SPAR	3.00	v		v				0	0	0	0	0
SECRETARY		Х		х				U	0	0 0		
(4) KARI REID TREASURER	40.00	х		x				130,319	0	25,547		
(5) JOHN LYNDON	1.00											
EXECUTIVE DIRECTOR		х		х				45,355	0	0		
(6) DEANNA ARMBRUSTER	1.00											
DIRECTOR		Х						0	0	0		
(7) MAYSA BARANSI	1.00	v										
DIRECTOR		х						U	0	0		
(8) MICHAEL CASPI	1.00	v						0	0	0		
DIRECTOR		х						U	0	0		
(9) JEAN-DANIEL COHEN	1.00	х						0	0	0		
DIRECTOR		^						U	U	0		
(10) LISA GREER	1.00	v						0	0	0		
DIRECTOR		х						U	0	0		
(11) DANNY HAKIM	1.00	v						0	0			
DIRECTOR		Х						0	0	0		
(12) IBRAHIM HUSSEINI	1.00	v										
DIRECTOR		Х						0	0	0		
(13) RUTH JARMUL	2.00	v						0		•		
DIRECTOR	· · · · · · · · · · · · · · · · · · ·	Х						0	0	0		
(14) NANCY KAUFMAN	1.00											

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				0			
DIRECTOR		х			0	0	0
(15) CHARLES KREMER	1.00	v			0	0	0
DIRECTOR		^			9	0	5
(16) BARAK LAZOON	1.00	v			0	0	0
DIRECTOR		^			, i i i i i i i i i i i i i i i i i i i	Ŭ	0
(17) YUVAL LION	1.00	v			0	0	0
DIRECTOR		X			0	U	0
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) (E) (F) Name and title Position (do not check more than Reportable Reportable Estimated Average hours per one box, unless person is both an compensation compensation amount of week (list officer and a director/trustee) from the from related other any hours organizations compensation organization Q Individual Former (W-2/1099-(W-2/1099from the for related highest oc amplioyee ey employ director Institutional õe organizations MISC/1099-MISC/1099organization below dotted NEC) Trustee; NEC) and related line) compensated organizations trustee vee (18) RAFIQ MASRI 1.00 0 Х 0 0 •• DIRECTOR (19) KATIA MROWIEC 1.00 0 . X • DIRECTOR (20) GREG RACK 1.00 0 .× 0 DIRECTOR (21) TAL RECANATI 1.00 .x 0 ••_.... DIRECTOR (22) MAX SHULMAN 2.00 Х 0 0 •• TREASURER (23) JOSH THOMAS 1.00 0 0 Х ·•<u>.</u>.... DIRECTOR (24) MARK ZIVIN 1.00 . X 0 0 DIRECTOR 1b Sub-Total . . . Þ c Total from continuation sheets to Part VII, Section A . ► 237,507 d Total (add lines 1b and 1c) . ► 25,547 0

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

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 3 No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Yes

Page 8

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

Section B. Independent Contractors					
1 Complete this table for your five highest cor	npensated independ	dent contractors that	received more tha	n \$100,000 of compe	nsation
from the organization. Report compensatior (A		ear ending with or wit	inin the organizatio	n's tax year. (B)	(C)
۲۹) Name and bus			Des	cription of services	Compensation
2 Total number of independent contractors (inclucion compensation from the organization ► 0	uding but not limite	d to those listed abov	ve) who received m	ore than \$100,000 of	
					Form 990 (2022)
		Page 9			
Form 990 (2022)					Page 9
Part VIII Statement of Revenue					
Check if Schedule O contains a res	ponse or note to an				<u> U</u>
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			exempt	business	excluded from
			function revenue	revenue	tax under sections 512 - 514
Federated campaigns 1a					
Contributions,					
Gi fts, Grants, and Membership dues 1b					
OtherAmt 54,759					
Amount frequences and the second seco					
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants,					
and similar amounts not included 1f					
1,475,960					
g Noncash contributions included in lines 1a - 1f:\$ 1g					
620					
h Total. Add lines 1a-1f	· b 1,530,719				
	Business Code				
2a					
e					
le l					
Service Revenue					
й I					
Program					
ibo					
				1	
f All other program service revenue.					
9 Total. Add lines 2a-2f		-			
3 Investment income (including dividends, in	terest, and other	823			823
similar amounts)	► 	023			023
4 Income from investment of tax-exempt bor					
5 Royalties	►				
(i) Real	(ii) Personal				

No

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	oa Gross rents	oa			1				
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c							
	d Net rental income	or (lo	oss)		• • •	1			
		ГГ	(i) Securi	ties	(ii) Other				
a	7a Gross amount from sales of assets other than inventory	7a							
Other Revenue	Less: cost or other basis and sales expenses	7b				_			
<u>ب</u> ا	Gain or (loss)	7c							
the the	d Net gain or (loss)				• • •	1			
Ċ	Gross income from fu	ndrais	ing events		-	1			
	(not including \$ contributions reported	d on lir	of						
	See Part IV, line 18			8a					
	b Less: direct expen	ses		8b					
	c Net income or (los			ng eve	ents 🕨				
					-				
	9a Gross income from See Part IV, line 19			9a					
	b Less: direct expen	ses		9b					
	c Net income or (los	s) fro	m gaming a	ctivitie	es 🕨				
	10a Gross sales of inverter returns and allowa			10a					
	b Less: cost of good	s sold		10b					
	c Net income or (los	s) fro	m sales of i	nvento	ory 🕨				
		-			Business Code				
	11aMISCELLANEOUS	INCO	ME	ľ	61171	0 1,282	1,282		
	b								
Oth	er f evenueMiscAmt								
	d All other revenue	• •	• •						
	e Total. Add lines 1	1a-11	.d	· ·	•••	1,282			
	12 Total revenue. S	ee ins	tructions .	•		1,532,824	1,282	0	823

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
E Companyation of current officers directors trustees and	184 144	134 475	20 463	20 256

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Section Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of included above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription Participation of includes section above, to disqualified persons (as inscription persons (as inscription Participation Partingeneticate Part Participation Participation Participation Partit	9/9/24, 4:21 PM		East Peace Inc - Full F	iling- Nonprofit Explore	er - ProPublica	
defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) described and persons described in section 4958(r)(4)(8) de			101,111	131,123	23,103	20,250
8 Pension plan accruists and contributions (include section 401(k) and 403(b) employee contributions) 5,648 4,124 901 621 9 Other employee benefits 21,214 15,456 3,394 2,334 10 Payroll taxes 117,280 92,803 14,130 10,197 11 Fees for services (non-employees): 117,280 92,803 14,130 10,197 11 Fees for services (non-employees): 619 619 619 619 a Management 53,419 35,419 35,419 619 619 619 619 619 619 619 619 619 619 619 619 610	defined u	inder section 4958(f)(1)) and persons described in				
d1(k) and 403(b) employer contributions)	7 Other sal	aries and wages	672,477	490,490	109,052	72,935
10 Payroll taxes			5,648	4,124	903	621
11 Fees for services (non-employees): Management Management<!--</td--><td>9 Other em</td><td>ployee benefits</td><td>21,214</td><td>15,486</td><td>3,394</td><td>2,334</td>	9 Other em	ployee benefits	21,214	15,486	3,394	2,334
a Management	10 Payroll ta	xes	117,290	92,903	14,190	10,197
b Legal 619 619 c Accounting 35,419 35,419 d Lobbying	11 Fees for	services (non-employees):				
C Accounting 35,419 G Lobbying 35,419 e Professional fundraising services. See Part IV, line 17 1 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 100,137 12 Advertising and promotion . 13 Office expenses . 14 Information technology . 15 Royalties . 16 Occupancy . 17 Travel . 19 Conferences, conventions, and meetings . 119 Conferences, conventions, and meetings . 121 Payments to affiliates . 122 Other expenses. In line 24e. If line 24e amount exceeds 10% of line 25. Column (A) amount, list line 24e 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 . 13 Office expenses. NADE ENTERTIAIMENT 24,241 20,670 2,308 1,462 13 Insurance 1438 <	a Managen	nent				
d Lobying	b Legal .		619		619	
e Professional fundraising services. See Part IV, line 17 Investment management fees	c Accounti	ng	35,419		35,419	
f Investment management fees	d Lobbying					
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 100,137 86,271 13,866 12 Advertising and promotion 13 Office expenses 14 Information technology 14 Information technology 15 Royalties 16 Occupancy 17 Tavel .	e Professio	nal fundraising services. See Part IV, line 17				
(A) amount, list line 11g expenses on Schedule 0) 9,250 9,250 13 Office expenses 9,250 9,250 14 Information technology 14,358 1,639 6,345 6,374 14 Information technology 14,358 1,639 6,345 6,374 15 Occupancy 52,942 16,051 30,024 6,867 15 Occupancy 16 Occupancy 17 Travel	f Investme	ent management fees				
13 Office expenses			100,137	86,271	13,866	
14 Information technology 52,942 16,051 30,024 6,867 15 Royalties - - - - 16 Occupancy - <	12 Advertisi	ng and promotion	9,250	9,250		
15 Royalties	13 Office ex	penses	14,358	1,639	6,345	6,374
16 Occupancy	14 Informat	ion technology	52,942	16,051	30,024	6,867
17 Travel 60,883 46,879 5,480 8,524 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,169 11,730 9,439 19 Conferences, conventions, and meetings 21,169 11,730 9,439 20 Interest 21,169 11,730 9,439 21 Payments to affiliates 21,169 11,730 9,439 22 Depreciation, depletion, and amortization 1,348 1,348 23 Insurance 4,415 4,415 24 Other expenses. Itemize expenses not covered above (List miscede amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4 24,241 20,670 2,308 1,263 a MEALS AND ENTERTAINMENT 24,241 20,670 2,308 1,263 b LICENSES AND FEES 13,745 2,283 11,462 c PRINTING AND EDITING 11,105 10,205 360 540 d MISCELLANEOUS 1,497 1,177 320 e All other expenses <	15 Royalties					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 21 19 Conferences, conventions, and meetings 21,169 11,730 9,439 20 Interest	16 Occupant	cy				
federal, state, or local public officialsImage: conferences, conventions, and meetings21,16911,7309,43919Conferences, conventions, and meetings21,16911,7309,43920Interest21Payments to affiliates22Depreciation, depletion, and amortization23Insurace24Other 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 24eaMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses. Add lines 1 through 24e1,352,154940,123270,16025Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	17 Travel .		60,883	46,879	5,480	8,524
20InterestImage: Image:						
21Payments to affiliates.Image: Constraint of the symbol22Depreciation, depletion, and amortization.1,348Image: Constraint of the symbol23Insurance.1,348Image: Constraint of the symbolImage: Constraint of the symbol24Other 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 24e4,4154,41524Other expenses on Schedule O.)aMEALS AND ENTERTAINMENT24,24120,6702,3081,263aMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses. Add lines 1 through 24e1,352,154940,123270,16025Total functional expenses. Add lines 1 through 24e1,352,154940,123270,16026Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Constraint of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Constraint of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Constraint of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Constrain	19 Conferen	ces, conventions, and meetings	21,169	11,730	9,439	
22Depreciation, depletion, and amortization1,3481,34823Insurance.4,4154,41524Other 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 0.)44aMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses. Add lines 1 through 24e1,352,154940,123270,160141,871Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.11	20 Interest					
23Insurance4,4154,41524Other 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.)4,4154,415aMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses. Add lines 1 through 24e2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,160141,87126Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.1111	21 Payments	s to affiliates				
24Other 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 0.)aaMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses. Add lines 1 through 24e1,352,154940,123270,160141,871Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.11	22 Deprecia	tion, depletion, and amortization	1,348		1,348	
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)aaMEALS AND ENTERTAINMENT24,24120,6702,3081,263bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,160Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.11	23 Insurance	e	4,415		4,415	
bLICENSES AND FEES13,7452,28311,462cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,160141,87126Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Content of the con	miscellar exceeds	eous expenses in line 24e. If line 24e amount 10% of line 25, column (A) amount, list line 24e				
cPRINTING AND EDITING11,10510,205360540dMISCELLANEOUS1,4971,177320eAll other expenses2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,160141,871Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete the solution of the solution.Image: Complete the solution of the solution.Image: Complete the solution of the solution.Image: Complete the solution of the solution	a MEALS	AND ENTERTAINMENT	24,241	20,670	2,308	1,263
d MISCELLANEOUS1,4971,177320e All other expenses2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,16026Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete the solution of the organization of the solution of the solution.	b LICENS	ES AND FEES	13,745		2,283	11,462
e All other expenses2537517825Total functional expenses. Add lines 1 through 24e1,352,154940,123270,160141,87126Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Image: Complete this line only if the organization reported in column (B) joint costs from a combined edu	c PRINTI	NG AND EDITING	11,105	10,205	360	540
25 Total functional expenses. Add lines 1 through 24e 1,352,154 940,123 270,160 141,871 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Image: Complete the second sec	d MISCEL	LANEOUS	1,497		1,177	320
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	e All othe	r expenses	253		75	178
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25 Total fu	nctional expenses. Add lines 1 through 24e	1,352,154	940,123	270,160	141,871
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).	reported education	in column (B) joint costs from a combined nal campaign and fundraising solicitation.				
	Check he	re 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

Page **11**

— Page 11 —

Form 990 (2022) Part X Balance Sheet Check if Schedule O contain

Check if Schedule O contains a response or note to any line in this Part IX \ldots			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	1,103,532	1	1,374,629
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net	75,000	3	50,033
4 Accounts receivable, net		4	

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	,							
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5		
Assets	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in su	, fied per	sons (as defined under		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D						
	b	Less: accumulated depreciation	10b	4,297	3,553	10c	5,011	
	11	Investments—publicly traded securities .				11		
	12	Investments-other securities. See Part IV, line	11 .		28,256	12		
	13	Investments-program-related. See Part IV, line	11.			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	1,214,410	16	1,429,673	
	17	Accounts payable and accrued expenses			11,599	17	24,891	
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
S	21	Escrow or custodial account liability. Complete F		21				
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons		22				
Ξ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23		
	24	Unsecured notes and loans payable to unrelated	parties		24			
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	1,026	25	69,943		
	26	Total liabilities. Add lines 17 through 25 .			12,625	26	94,834	
Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck he	ere 🕨 🗹 and				
ala	27	Net assets without donor restrictions	•		1,104,085	27	1,284,839	
d B	28	Net assets with donor restrictions	• •		97,700	28	50,000	
or Fun	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	958, c	heck here ► 🗍 and		29		
	30	Paid-in or capital surplus, or land, building or ec	nt fund		30	<u> </u>		
Assets	31	Retained earnings, endowment, accumulated in				31	<u> </u>	
As	32	Total net assets or fund balances	-		1,201,785	32	1,334,839	
Net	33	Total liabilities and net assets/fund balances	•	· · · · ·	1,214,410	33	1,429,673	
-	55	iotal nabilities and het assets/fulla balances	• •		1,214,410	55	1,120,010	

Form 990 (2022)

Page 12 🗕

Form 990 (2022) Page **12** Part XI **Reconcilliation of Net Assets** \Box Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,532,824 . . . 2 Total expenses (must equal Part IX, column (A), line 25) . 2 1,352,154 3 180,670 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 1,201,785 4 4 5 10,349 5 Net unrealized gains (losses) on investments Donated services and use of facilities . . . 6 6 7 7 Investment expenses 8 Prior period adjustments 8 -57,965 • Other changes in net assets or fund balances (explain in Schedule O) 9 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,334,839

Pa	Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	r						
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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						
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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.	Зb					

Form 990 (2022)

Return to Form

Form 990 (2022)

Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Put	olic Visual	Render	ObjectId: 2	20240136934931	1385 - Submi	ssion: 2024-	05-15	TIN: 20-5879279		
SCI	HED	ULE A		Public (Charity Statu	s and Put	olic Supp	ort	OMB No. 1545-0047		
(Forr	n 990)		Cor		rganization is a sect	ion 501(c)(3) d	organization o		2022		
		ne Treasury			4947(a)(1) nonexe Attach to Form	990 or Form 99	0-EZ.				
Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.								ormation.	Open to Public Inspection		
		ne organiza R MIDDLE EAS						Employer identif	ication number		
	VCETO							20-5879279			
	rt I roaniz				us (All organization t it is: (For lines 1 thro			See instructions.			
1	. .				,	5 ,	, ,	(A)(i).			
2											
3		A hospital	or a cooperat	ive hospital serv	vice organization desci	ribed in section	170(b)(1)(A)(iii).			
4	\square	A medical i	research orga	anization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii).	Enter the hospital's		
		name, city,	and state:								
5					t of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ribed in section		
6	\square			omplete Part II.) I government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	A)(v).			
7	\square	An organiz	ation that no	rmally receives	a substantial part of it	s support from a	governmental u	unit or from the gene	eral public described in		
8				(vi). (Complete	e Part II.) • 170(b)(1)(A)(vi) . •	(Complete Part I	T)				
9							,	with a land-grant co	ollege or university or a		
	\cup	non-land g	rant college o	of agriculture. S	ee instructions. Enter	the name, city, a	nd state of the o	college or university			
10		from activi investment	ties related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le omplete Part III.)	tain exceptions, a	and (2) no more	than 33 1/3% of its			
11		-			exclusively to test for	r public safety. S	ee section 509	(a)(4).			
12		more publi	cly supported	d organizations of		09(a)(1) or se	ction 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box		
а		Type I. A solution organization	supporting or on(s) the pow	rganization oper	ated, supervised, or composite or elect a major	ontrolled by its s	upported organiz	zation(s), typically b	y giving the supported		
b		Type II. A manageme	supporting on the sup	organization sup	ervised or controlled in ation vested in the sar						
с		Type III f	unctionally	integrated. A s	supporting organizatio				rated with, its		
d		Type III r functionally	on-function	nally integrate The organizatio	n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported org	anization(s) that is not quirement (see		
е		Check this	box if the or	ganization receiv	t IV, Sections A and ved a written determinintegrated supporting	nation from the I		vpe I, Type II, Type I	II functionally		
f	Enter	. .						<u>.</u>			
g			3		pported organization(. /					
	(1) 1	lame of supj organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(IV) Is the organized in your govern	anization listed ing document?	 (v) Amount of monetary support (see instructions) 			
						Yes	No				
Tota											
	-	vork Reduc or 990-EZ.	tion Act No	tice, see the Iı	nstructions for	Cat. No. 11285	ōF	Schedul	e A (Form 990) 2022		
					Pa	ge 2					
Schee	dule A	(Form 990)	2022						Page 2		
Pa	rt II	(Compl	ete only if y	ou checked th	tations Described ne box on line 5, 7, ify under the tests l	or 8 of Part I o	or if the organi	ization failed to qu	(1)(A)(vi) Jalify under Part III.		
		A. Public		1			1	· ·,			
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	4, 4:21 PM	Alliance For	r Middle East Pead	ce Inc - Full Filing-	Nonprofit Explore	r - ProPublica						
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	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 amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from											
_	line 4.											
	Section B. Total Support						l					
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4.											
8	Gross income from interest, dividends, payments received on											
	securities loans, rents, royalties and											
9	income from similar sources Net income from unrelated business											
9	activities, whether or not the											
10	business is regularly carried on Other income. Do not include gain or											
10	loss from the sale of capital assets											
	(Explain in Part VI.).											
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12						
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check					
	this box and stop here					▶□						
	Section C. Computation of Public											
14	Public support percentage for 2022 (lin					14						
	15 Public support percentage for 2021 Schedule A, Part II, line 14											
15												
15	33 1/3% support test—2022. If the o	organization did no	ot check the box c	on line 13, and line	e 14 is 33 1/3% or	more, check this b						
15 16a	33 1/3% support test—2022. If the of and stop here. The organization qualif	organization did no ies as a publicly s	ot check the box o upported organiza	on line 13, and line	e 14 is 33 1/3% or	more, check this t	🕨 🗆					
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9/9/24,	4:21 PM	Alliance For	r Middle East Peac	ce Inc - Full Filing-	Nonprofit Explore	r - ProPublica		
	paid to or expended on its behalf							
5	 The value of services or facilities							
5	furnished by a governmental unit to							
6	the organization without charge Total. Add lines 1 through 5	640,183	1,074,842	1,241,971	1,342,113	1,134,76	5	5,433,874
	Amounts included on lines 1, 2, and	,		1 1-		1 - 1 -	-	0
h	3 received from disqualified persons Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							0
	13 for the year.							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c							0
	from line 6.)							5,433,874
-	ction B. Total Support	1	1	I	1		-	
	ndar year ïscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota	I
9	Amounts from line 6	640,183	1,074,842	1,241,971	1,342,113	1,134,76	5	5,433,874
10a	Gross income from interest, dividends, payments received on			107				
	securities loans, rents, royalties and	84	1,686	197	552	82	3	3,342
b	income from similar sources Unrelated business taxable income							
5	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
с	Add lines 10a and 10b.	84	1,686	197	552	82	3	3,342
11	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on. Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.) .		60,400		3,293	1,28	2	64,975
13	Total support. (Add lines 9, 10c,	640,267	1,136,928	1,242,168	1,345,958	1,136,87	n	5,502,191
	11, and 12.) First 5 years. If the Form 990 is for t							
14	this box and stop here	-			-			
Se	ction C. Computation of Public							
15	Public support percentage for 2022 (li	ine 8, column (f)	divided by line 13,	column (f)) .		15	ç	8.760 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		8.660 %
Se	ction D. Computation of Invest	tment Income	Percentage			1		
17	Investment income percentage for 20		., ,	, ,		17		0.060 %
18	Investment income percentage from 2					18		0.050 %
19a	33 1/3% support tests-2022. If the							
Ь	more than 33 1/3%, check this box an 33 1/3% support tests—2021. If th	d stop here. The e organization dic	organization qual I not check a box	ifies as a publicly on line 14 or line	supported organiz	ation	► 💟 3% and lin	e 18 is
U	not more than 33 1/3%, check this box	-					_	
20	Private foundation. If the organizat	=	-					
						Schedule A (Form 99	0) 2022
			Page 4					
Scheo	lule A (Form 990) 2022							Page 4
Par	t IV Supporting Organization	าร						
	(Complete only if you checked		of Part I. If you ch	ecked box 12a, of	Part I, complete	Sections A and B	. If you ch	ecked
	box 12b, of Part I, complete Section 12d, of Part I, complete Section			12c, of Part I, co	mplete Sections A	, D, and E. If you	checked	box
Se	ction A. All Supporting Organiz							
	ction / / / cupporting of game						Yes	s No
1	Are all of the organization's supported	l organizations list	ted by name in th	e organization's go	overning documen	its?		_
	If "No," describe in Part VI how the s			ted. If designated	by class or purpo	ose,		
	describe the designation. If historic ar	na continuing reia	tionsnip, explain.				1	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in the							
	described in section 509(a)(1) or (2).		organization deter		pported organizat	ion was	2	_
32	Did the organization have a supported	d organization dec	cribed in section !	501(c)(4) (5) or	(6)2 If "Vec " and	ver lines 3h and	2	_
3a	<i>3c below.</i>		sendeu in section :	Jor(C)(4), (J), 0			3a	
b	Did the organization confirm that eacl	h supported organ	nization qualified (Inder section 501(c)(4), (5), or (6)	and satisfied	54	
-	the public support tests under section							
	determination.						3b	
- https://	projects.propublica.org/nonprofits/orgar					(D)	I	1 1
mups://	projects.propublica.org/nonprofits/orgar	iizauui 15/2058/92	1 31202401309349	511303/IUII				1

and the second s			Yes	No
Se	ection C. Type II Supporting Organizations			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		<u> </u>
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			
2	applied to such powers during the tax year.	1		
	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,			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		165	110
Se	ection B. Type I Supporting Organizations		Yes	No
-	VI.	110		
b c	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b 11c		
h	A family member of a person described on 11a above?	11a 11b		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
11	Has the organization accepted a gift or contribution from any of the following persons?			
			Yes	No
-	t IV Supporting Organizations (continued)		ŀ	age 5
Scho	dule A (Form 990) 2022		-	
	Page 5			
			,	
	Schedule A		990)	2022
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).	10b		<u> </u>
	answer line 10b below.	10a		
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,"			<u> </u>
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
U	organization had an interest? If "Yes," provide detail in Part VI.	9b		
b	provide detail in Part VI . Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
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			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line ?? If "Yes," complete Part I of Schedule L (Form 990).	8		
0	contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
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	0		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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?	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).	5a		
5a	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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
с	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections	-15		
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	4b		<u> </u>
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		<u>├</u>
С	In the organization ensure that an 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.	30		<u> </u>

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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	

Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a** \square The organization satisfied the Activities Test. Complete **line 2** below.
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Page 6

	instructions. An other type in non-functionally integrated supporting organiza			
	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		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		

A	cquisition indebtedness applicable to non-exempt use assets	2		
S	ubtract line 2 from line 1d	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see istructions).	4		
N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
Μ	ultiply line 5 by 0.035	6		
R	ecoveries of prior-year distributions	7		
М	inimum Asset Amount (add line 7 to line 6)	8		
S	ection C - Distributable Amount			Current Year
A	djusted net income for prior year (from Section A, line 8, Column A)	1		
E	nter 85% of line 1	2		
Μ	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
E	nter greater of line 2 or line 3	4		
Ir	ncome tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to emergency emporary reduction (see instructions)	6		
			ed Type III supporting orga	anization (see

– Page 7 –

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity		organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
 8 Distributions to attentive supported organizations to whether details in Part VI. See instructions 	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	Underdistribution			(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years			r	
h Applied to 2022 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				

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b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
		Sch	nedule A (Form 990) (2022)	
Page 8				

Schedule A (Form 990) 2022

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

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Additional Data

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efile Public Visual Rer	nder Objectld: 202401369349311385 - Submission: 2024-05-15		TIN: 20-5879279	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	2022			
Name of the organization ALLIANCE FOR MIDDLE		Employer id	lentification number	
		20-5879279		
Organization type (ch	eck 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	Indation		
	□ 527 political organization			
Form 990-PF	□ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion		
	\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.		Cat. No. 30613X	Schedule B (Form 990) (2022)
	Page 2		

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
RESTRICTED		\$ RESTRICTED	PersonPayrollNoncash		
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)		
No.	Name, address, and ZIP + 4	Total contributions	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.) Sebadula B (Form 200) (2022)		

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022) Pa						
Name of or ALLIANCE F	ganization FOR MIDDLE EAST PEACE INC	Employer identification 20-5879279	number			
Part II	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			

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-				\$	
(a) No. from Part I	(b) Description of noncash pro	operty given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash pro	operty given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash pro	operty given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash pro		(C) or estimate) instructions)	(d) Date received	
-				\$	
(a) No. from Part I	(b) Description of noncash pro	(c) FMV (or estimate) (See instructions)		(d) Date received	
-				\$	
					Schedule B (Form 990) (2022)
		Page 4			
	B (Form 990) (2022)				Page 4
Name of or ALLIANCE F	ganization FOR MIDDLE EAST PEACE INC			Employer identi 20-5879279	fication number
Part III	Exclusively religious, charitable, etc., contrib than \$1,000 for the year from any one contrib organizations completing Part III, enter the to year. (Enter this information once. See instruct Use duplicate copies of Part III if additional space	utor. Complete columns (a) t tal of e <i>xclusively</i> religious, c ctions.)	hrough (e)	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
-	=				
-	Transferee's name, address, and ZIP	(e) Transfer of gift	Relationsh	p of transferor to t	ransferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held

(e) Transfer of gift

(a) No from (b) Purpose of dift (c) Use of dift https://projects.propublica.org/nonprofits/organizations/205879279/202401369349311385/full

Transferee's name, address, and ZIP 4

Part I

Relationship of transferor to transferee

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Part I	(2) · 2: 0000 0: girt	(0) 000 01 gift	(a) 50001pilon of 1101 gift is 11014		
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relationsl	hip 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 Z	(e) Transfer of gift IP 4 Relationsl	hip of transferor to transferee		
		<u> </u>	Schedule B (Form 990) (2022)		

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Schedule C (Form 990) 2022

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efile Public Visua	al Render ObjectId: 20240	1369349311385 - Submiss	sion: 2024-05-15	TIN: 20-5879279				
SCHEDULE C	Political Can	paign and Lobbyin	ng Activities	OMB No. 1545-0047				
(Form 990)	For Organizations Exempt F	rom Income Tax Under sect	tion 501(c) and section 527	2022				
Department of the Treasury Internal Revenue Service	Open to Public Inspection							
 Section 501(c)(3) d Section 501(c) (of Section 527 organ If the organization an Section 501(c)(3) Section 501(c)(3) If the organization an (Proxy Tax) (see sep 	Iswered "Yes" on Form 990, Part IV organizations: Complete Parts I-A and her than section 501(c)(3)) organization izations: Complete Part I-A only. Iswered "Yes" on Form 990, Part IV organizations that have filed Form 57 organizations that have NOT filed For Iswered "Yes" on Form 990, Part IV arate instructions), then (5), or (6) organizations: Complete P	B. Do not complete Part I-C. ons: Complete Parts I-A and C be , Line 4, or Form 990-EZ, Part V 68 (election under section 501(h) m 5768 (election under section 5 , Line 5 (Proxy Tax) (see separa	low. Do not complete Part I-B. I, line 47 (Lobbying Activities),): Complete Part II-A. Do not com 01(h)): Complete Part II-B. Do no	then pplete Part II-B. ot complete Part II-A.				
Name of the organiz	ation		Employer identi	ification number				
ALLIANCE FOR MIDDLE	LAST FLACE INC		20-5879279					
Part I-A Comple	ete if the organization is exen	npt under section 501(c) o	r is a section 527 organiza	ation.				
 "political campai Political campai Volunteer hours Part I-B Completion Enter the amouting Enter the amouting If the organization If the organization If "Yes," describe Part I-C Completion Enter the amouting Enter the amouting Enter the amouting Enter the amouting Total exempting Enter the name Enter the name Enter the name 	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." 2 Political campaign activity expenditures. See instructions							
(a) Name	(b) 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				
2								
3								
				1				

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Schedule C (Form 990) 2022

	Section Sol(1).			
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying		d group member's name	, address, EIN,
в	Check \blacktriangleright if the filing organization checked box μ	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)	7,385	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	7,385	
С	Total lobbying expenditures (add lines 1a and 1b)		14,770	
d	Other exempt purpose expenditures		1,344,769	
е	Total exempt purpose expenditures (add lines 1c and	1 1d)	1,359,539	
f	Lobbying nontaxable amount. Enter the amount from columns.	210,954		
	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)	52,739	
h			0	
i	Subtract line 1f from line 1c. If zero or less, enter -0		0	

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?

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount	77,718	123,866	150,253	210,954	562,791				
b	Lobbying ceiling amount (150% of line 2a, column(e))					844,187				
с	Total lobbying expenditures	4,148	14,999	6,777	14,770	40,694				
d	Grassroots nontaxable amount	19,430	30,967	37,563	52,739	140,699				
e	Grassroots ceiling amount (150% of line 2d, column (e))					211,049				
f	Grassroots lobbying expenditures	2,074			7,385	9,459 orm 990) 2022				

Schedule C (Form 990) 2022

🗌 Yes 🗌 No

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Sche	dule C (Form 990) 2022			Page 3
Ра	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled		
For a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	()	a)	(b)
activity.		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications. or published or broadcast statements?		i i	

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g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
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 sectio	n	
				Ye	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
1 2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1			
а	Current year	2a			
b	Carryover from last year	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	art 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 2 (see
	Return Reference Explanation				
L		Sched	ule C (Fo	rm 99	0) 2022

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Grants to other organizations for lobbying purposes?

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			Supplemental Financial Statements					OMB No	. 1545-0047
	n 990)		► 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.						022
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.					on.		to Public pection		
-	me of the organ			ior motifications			oloyer iden		
ALL	IANCE FOR MIDDLE	EAST PEACE INC				-	- 5879279		
Pa			ntaining Donor Advi anization answered "Ye	s" on Form 990, Pa	rt IV, line 6.	or Acc			
				(a) Donor ad	dvised funds		(b) Funds	and other a	accounts
1		-							
2 3	Aggregate value		ns to (during year) (during year)						
4		-	·						
5	Did the organiza	ation inform al	l donors and donor adviso ct to the organization's ex				funds are th		Yes 🗌 No
6	charitable purpo	oses and not fo	l grantees, donors, and do or the benefit of the donor 	r or donor advisor, or fo	or any other purpose				Yes 🗌 No
Pa		vation Ease		as" on Form 000 Dev	rt IV line 7				
1			anization answered "Ye sements held by the organ						
-			public use (e.g., recreation	,	Preservation of ar	1 histor	ically impor	tant land a	rea
	\frown	of natural hab			Preservation of a				icu
	\Box			L		certine		lucture	
2		on of open spa 2a through 2d	if the organization held a	qualified conservation	contribution in the fo	rm of a	a conservati	on	
2	easement on the			qualified conservation	contribution in the lo			the End of	f the Year
а	Total number of	conservation e	easements			2a			
b	Total acreage res	stricted by cor	servation easements			2b			
С	Number of conse	ervation easen	nents on a certified histori	ic structure included in	(a)	2c			
d	historic structure	e listed in the	nents included in (c) acqui National Register			2d			
3	Number of cons tax year ►	ervation easer	nents modified, transferre	ed, released, extinguist	ned, or terminated by	the or	ganization o	luring the	
4			erty subject to conservatio				_		
5			written policy regarding the rvation easements it holds			of viola		🗌 Yes	🗆 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of viola	tions, and enforcing c	onserv	ation easem	nents during	g the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations,	, and enforcing conser	rvation	easements	during the	year
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 organi					
Par			ntaining Collections			ner Si	milar Ass	ets.	
1a			nization answered "Ye permitted under FASB AS			nt and	halance she	et works o	fart
	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for public ote to its financial statem	lic exhibition, educatio ents that describes the	n, or research in furth ese items.	nerance	e of public s	ervice, prov	vide, in
Ь	historical treasu following amour	res, or other s		lic exhibition, educatio	n, or research in furth	herance	e of public s	ervice, prov	vide the
(i) Revenue includ	led on Form 99	90, Part VIII, line 1				►\$		
(i	i)Assets included	in Form 990,	Part X				. ►\$		
2	following amour	nts required to	held works of art, historic be reported under FASB A	ASC 958 relating to the	ese items:			e the	
а			0, Part VIII, line 1				·		
b			Part X						
For I	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No.	. 52283	BD Scheo	lule D (Fo	rm 990) 202

		———— Ра	ge 2 —							
cheo	dule D (Form 990) 2022									Page
art	III Organizations Maintaining Col	lections of Art, Hi	storica	Tre	asures, o	r Other	Similar As	sets (cont	inued)	
	Using the organization's acquisition, accession items (check all that apply):	n, and other records, c	heck any	of th	e following t	that are a	significant u	se of its coll	ection	
а	Public exhibition		d () L	oan or exch	ange prog	rams			
b	Scholarly research		e [) c	ther					
с	Preservation for future generations									
	Provide a description of the organization's col Part XIII.	lections and explain he	ow they f	urthei	r the organiz	zation's ex	empt purpo	se in		
	During the year, did the organization solicit o assets to be sold to raise funds rather than to							🗌 Yes		lo
'ar	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		n 990, Pa	art IV	/, line 9, or	reporte	d an amou	nt on Form	990,	Part X
a	Is the organization an agent, trustee, custodi									
	included on Form 990, Part X?		· · · ·	• •				🗌 Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing tab	le:			Α	mount		_
с	Beginning balance				· ·	1c				
d	Additions during the year					1d				
9	Distributions during the year					1e				_
	Ending balance					1f				
1	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for esc	row o	r custodial a	account lia	bility?	🗌 Yes		lo
,	If "Yes," explain the arrangement in Part XIII							_		
	rt V Endowment Funds.							0		
	Complete if the organization answ	vered "Yes" on Form	n 990, Pa	art IV	/, line 10.					
		(a) Current year	(b) Prior	year	(c) Two y	ears back	(d) Three yea	ars back (e)	Four yea	ars back
	Beginning of year balance • • • •									
	Contributions									
	Net investment earnings, gains, and losses									
1 (Grants or scholarships									
	Other expenditures for facilities and programs									
F,	Administrative expenses									
g I	End of year balance									
	Provide the estimated percentage of the curre	ent year end balance (line 1g, c	olumr	n (a)) held a	IS:				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
с	Term endowment 🕨									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
a	Are there endowment funds not in the posses	sion of the organization	on that ar	e helo	d and admin	istered fo	r the			
	organization by:								Yes	No
	(i) Unrelated organizations		• •	• •				3a(i)		
b	(ii) Related organizations							3a(ii) 3b		
,	Describe in Part XIII the intended uses of the							30		
ar	t VI Land, Buildings, and Equipment									
	Complete if the organization answ		n 990 <i>.</i> Pa	art IV	<i>l.</i> line 11a.	See For	m 990, Par	t X. line 10).	
	Description of property (a) Cost or oth (investme	ner basis (b) Cost o			,		lepreciation	,	ook valu	e
a	Land									
b I	Buildings									
сI	Leasehold improvements									
	Equipment									
	Other			9,	308		4,297			5,01
-	I. Add lines 1a through 1e. (Column (d) must of	equal Form 990. Part X	. column				•			5,01

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022				Page 3
Part VII Investments - Other Securities.	Dowt TV/	ling 11h Coo For	m 000 Davt V	line 12
Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of va or end-of-year	aluation:
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV	line 11c See For	m 990 Part X	line 13
(a) Description of investment	raie IV,	(b) Book value	(c) Met	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
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, l	ine 11d. See For	m 990, Part X	, line 15.
(a) Description				(b) Book value
(1) (2)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities.	• •			1

(b) Book value

1.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability

⁽¹⁾ Federal income taxes

ACCRUED PAYROLL LIABILITIES		69,943
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	Þ	69,943
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	he 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 XII	i 🔽	
Schedule D (Form 990) 2022	2

	Page 4		
Sche	dule D (Form 990) 2022		Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,543,173
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments2a10,349		
b	Donated services and use of facilities		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,349
3	Subtract line 2e from line 1	3	1,532,824
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,532,824
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1,352,154
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	1,552,154
ے a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,352,154
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,352,154
	rt XIII Supplemental Information	<u> </u>	1
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V. line 4: P	art X, line 2: Part XI.
	is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Return Reference	Explanation
PART X, LINE 2:	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

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	ACCOUNTING IN INTERIM PERIODS.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	IN-KIND
PART X, LINE 2	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) 2022
	Schedule D (Form 990) 2022

Additional Data

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Schedule J Form 990)	Comp	OMB No.	OMB No. 1545-0047			
orm 990)	rustees, Key Employees, and Highest ated Employees	~				
	2022					
partment of the Treasury	E Go to www.irs.gov/Eor		to Form 990. instructions and the latest information.	Open	to Pu	blic
ernal Revenue Service		101	instructions and the latest information		pectio	
Name of the organiza ALLIANCE FOR MIDDLE	tion AST PEACE INC		Employer ide	entification n	umber	
			20-5879279			
Part I Questi	ons Regarding Compensation					
					Yes	No
			the following to or for a person listed on Form y relevant information regarding these items.			
First-class	or charter travel		Housing allowance or residence for personal use			
Travel for	companions		Payments for business use of personal residence			
🗌 Tax idemr	ification and gross-up payments		Health or social club dues or initiation fees			
	ary spending account	\Box	Personal services (e.g., maid, chauffeur, chef)			
b If any of the box reimbursement	es on Line 1a are checked, did the org	ganization	follow a written policy regarding payment or ve? If "No," complete Part III to explain	· · 16		
Did the organiza	tion require substantiation prior to rei	mbursing	or allowing expenses incurred by all			
directors, truste	es, officers, including the CEO/Execution	ve Directo	r, regarding the items checked on Line 1a?	. 2		
Indicate which	f any of the following the filing organi	zation use	d to establish the compensation of the			
organization's C	EO/Executive Director. Check all that a	apply. Do n	iot check any boxes for methods CEO/Executive Director, but explain in Part III.			
Compensation	tion committee		Written employment contract			
	ent compensation consultant	\Box	Compensation survey or study			
	of other organizations		Approval by the board or compensation committee			
During the year, related organiza		art VII, Se	ction A, line 1a, with respect to the filing organizatio	n or a		
a Receive a sever	ince payment or change-of-control pay	vment? .		4a		No
	receive payment from, a supplement	-		. 4b		No
c Participate in, or	receive payment from, an equity-bas	ed comper	nsation arrangement?	. 4c		No
If "Yes" to any o	f lines 4a-c, list the persons and provi	de the app	licable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organ	nizations	must complete lines 5-9.			
	d on Form 990, Part VII, Section A, lir ontingent on the revenues of:	ne 1a, did	the organization pay or accrue any			
compensation e	?			1	1	No
				5a		
a The organizationb Any related organization	nization?	· · ·	· · · · · · · · · · · · · · · ·	5a 5b		No
a The organizationb Any related organization						No
 a The organization b Any related orga If "Yes," on line For persons lister 	nization?	ne 1a, did	the organization pay or accrue any			No
 The organization Any related organization If "Yes," on line For persons lister compensation compensation compensition 	nization?	ne 1a, did	the organization pay or accrue any			
 The organization Any related organization Any related organization If "Yes," on line For persons listed compensation or The organization 	nization?	ne 1a, did		5b		No
 a The organization b Any related organization if "Yes," on line For persons lister compensation organization b Any related organization 	nization? 5a or 5b, describe in Part III. d on Form 990, Part VII, Section A, lir ntingent on the net earnings of: ?	ne 1a, did	the organization pay or accrue any	5b 6a		No
 a The organization b Any related organization b For persons listed compensation compensation compensation companization b Any related organization b Any related organization compensation compensation compensation 	nization? 5a or 5b, describe in Part III. d on Form 990, Part VII, Section A, lir ntingent on the net earnings of: ?	ne 1a, did	the organization provide any nonfixed	5b 6a		No No
 a The organization b Any related organization compensation componentiation a The organization b Any related organization b Any related organization compensation componentiation compensation componentiation b Any related organization compensation componentiation b Any related organization componentiation compo	nization?	ne 1a, did cribe in Pa id or accur egulations	the organization provide any nonfixed rt III . red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	5b 6a 6b 7		No No No
 a The organization b Any related organization compensation or a The organization a The organization b Any related organization compensation or a The organization compensation or a The organization b Any related organization compensation or a the organization b Any related organization compensation or a the organization compensation compensat	nization?	ne 1a, did cribe in Pa id or accur egulations	the organization provide any nonfixed rt III . red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	5b 6a 6b 7		No No

Page 2 -

Schedule J (Form 990) 2022 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other benefits columns deferred compensation column (B) reported as (B)(i)-(D) (i) Base (iii) Other (ii) Bonus & incentive compensation reportable deferred on prior Form 990 compensation compensation 1 KARI REID TREASURER 130,319 (i) 0 0 0 25,547 155,866 0 - - - - - -- - - - -0 (ii) 0 0 0 0 0 ----

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						F	age 3 ——						
Schedule J (Form 990) 2022												Page 3
Part III Supple Provide the information		nformation		l for Part I lin	es 1a	h 3 4a 4h 4c 1	5a 5h 6a 6h ⁻	7 and 8 and for P	art II. Also co	molete this na	rt for any a	additional info	rmation
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Name of the org										Employer	identif		
ALLIANCE FOR MID	DLE EAST	PEACE INC								20-587927	79		
Return Reference							Explana	ation					
FORM 990,	THF B	DARD OF			WS		90 BEFOR	E IT IS FILED	1				
PART VI,		57 a 62 61	DIRECTO				oo bel olt						
SECTION B, LINE 11B													
FORM 990,	THE B	DARD OF	DIRECTO		ALLY	REVIEWS I	IS ASSOCI	ATIONS WIT	H VENDO	RS AND C		BUTORS	TO ENSURE
PART VI,				TS OF IN									
SECTION B, LINE 12C													
FORM 990,	990. INDEPENDENT BOARD MEMBERS APPROVE THE SALARY OF THE EXECUTIVE DIRECTOR												
PART VI,													
SECTION B, LINE 15A													
FORM 990,	THE O	RGANIZA		ES ITS G	OVER	RNING DOCL	JMENTS. C	ONFLICT OF	INTERES		. AND F	INANCIA	L
PART VI,						IC UPON RE		2.01.01			,		-
SECTION C, LINE 19													
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