

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

Name and title of officer

**ZEIAD ABBAS SHAMROUCH
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,611,872.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SENSIBA SAN FILIPPO LLP to enter my PIN 92121
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77694392121
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Monic Ramirez* Date ▶ 7/6/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIDDLE EAST CHILDREN'S ALLIANCE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 - 8TH ST. 100 City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 94710 F Name and address of principal officer: ZEIAD ABBAS SHAMROUCH 1101 8TH ST, BERKELEY, CA 94710	D Employer identification number 94-3074600 E Telephone number 510-548-0542 G Gross receipts \$ 2,754,091. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MECAFORPEACE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A NONPROFIT ORGANIZATION WORKING FOR THE RIGHTS AND WELL BEING OF CHILDREN IN THE MIDDLE EAST. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 63 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,323,557. Prior Year 2,545,922. Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,002. 45,782. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -14,792. 20,168. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,320,767. 2,611,872.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,041,741. 1,404,767. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 691,127. 655,190. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 293,535. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 443,697. 392,090. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,176,565. 2,452,047. 19 Revenue less expenses. Subtract line 18 from line 12 144,202. 159,825.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,008,207. Beginning of Current Year 2,445,058. End of Year 21 Total liabilities (Part X, line 26) 114,458. 391,484. 22 Net assets or fund balances. Subtract line 21 from line 20 1,893,749. 2,053,574.	

Part II Signature Block

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

Sign Here	Signature of officer ZEIAD ABBAS SHAMROUCH, EXECUTIVE DIRECTOR Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name MONIC RAMIREZ	Preparer's signature <i>Monic Ramirez</i>	Date 7/6/20	Check if self-employed <input type="checkbox"/>	PTIN P01344949
Firm's name ▶ SENSIBA SAN FILIPPO LLP		Firm's EIN ▶ 94-2370906		Phone no. 408-776-8900	
Firm's address ▶ 18625 SUTTER BLVD., SUITE 600 MORGAN HILL, CA 95037					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 1988, THE MIDDLE EAST CHILDREN'S ALLIANCE IS A REGISTERED NONPROFIT ORGANIZATION WORKING FOR THE RIGHTS AND THE WELL BEING OF CHILDREN IN THE MIDDLE EAST. MECA SENDS SHIPMENTS OF AID TO PALESTINE, IRAQ AND LEBANON, AND SUPPORTS PROJECTS THAT MAKE LIFE BETTER FOR THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 497,860. including grants of \$ 337,988.) (Revenue \$)
HUMANITARIAN AID
SINCE MECA WAS FOUNDED IN 1988, WE HAVE SENT OR DELIVERED MORE THAN 25 MILLION DOLLARS IN AID TO CHILDREN IN PALESTINE, IRAQ, AND LEBANON TO ALLEVIATE THE SUFFERING CAUSED BY WAR, SANCTIONS, AND OCCUPATION. WE SEND SHIPMENTS OF MEDICINE, MEDICAL EQUIPMENT AND SUPPLIES, AS WELL AS CLOTHES, BOOKS, TOYS, AND SCHOOL SUPPLIES.

IN FY 2018-2019 MECA:
-MADE GRANTS TO NEVER STOP DREAMING ASSOCIATION, PALESTINIAN ASSOCIATION FOR DEVELOPMENT AND HERITAGE PROTECTION, AND AFAQ JADEEDA TO PURCHASE AND DISTRIBUTE WARM CHILDREN'S CLOTHES, PLASTIC SHEETING FOR BROKEN WINDOWS, HEALTHY MEALS AND FOOD PARCELS TO FAMILIES LIVING

4b (Code:) (Expenses \$ 1,299,468. including grants of \$ 968,751.) (Revenue \$)
EDUCATION AND ACTION
MECA WORKS TO BUILD GREATER UNDERSTANDING OF THE LIVES OF CHILDREN IN THE MIDDLE EAST AND TO INSPIRE PEOPLE IN THE US TO ACTION THROUGH A RANGE OF EDUCATIONAL AND CULTURAL PROGRAMS.

IN FY 2018-2019 MECA:
-PRESENTED AT CONFERENCES, PANEL DISCUSSIONS, AND UNIVERSITY EVENTS ABOUT CHILDREN IN THE MIDDLE EAST.
-LED EDUCATIONAL WORKSHOPS FOR TEACHERS ON HOW TO INTEGRATE LESSONS ABOUT PALESTINIAN CHILDREN INTO THEIR CLASSROOMS.
-ORGANIZED AN EDUCATIONAL DELEGATION FOR K-12 TEACHERS IN THE US TO VISIT PALESTINE

4c (Code:) (Expenses \$ 132,089. including grants of \$ 98,028.) (Revenue \$)
UNIVERSITY AID
IN ADDITION TO SUPPORTING PRE-SCHOOLS, KINDERGARTENS, LIBRARIES AND OTHER EDUCATIONAL PROGRAMS IN THE WEST BANK AND GAZA, MECA PROVIDES FINANCIAL ASSISTANCE TO YOUNG PALESTINIAN UNIVERSITY STUDENTS. OUR SCHOLARSHIP FUNDS ENABLE TALENTED AND AMBITIOUS HIGH SCHOOL GRADUATES TO OBTAIN DEGREES AND THE SKILLS TO MAKE IMPORTANT CONTRIBUTIONS TO THEIR COMMUNITIES AND THEIR COUNTRY.

IN FY 2018-2019 MECA PROVIDED PARTIAL OR FULL SCHOLARSHIPS FOR 101 UNIVERSITY STUDENTS STUDYING AT TEN UNIVERSITIES IN THE WEST BANK AND GAZA STRIP THROUGH THE ELLY JAENSCH MEMORIAL SCHOLARSHIP FUND, THE MARY BISHARAT MEMORIAL SCHOLARSHIP, THE TREE OF LIFE SCHOLARSHIP FUND AND

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,929,417.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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, Part I</i>	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
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	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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 X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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	X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 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.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 510-548-0542
1101 - 8TH ST., NO. 100, BERKELEY, CA 94710**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA LUBIN CO-EXECUTIVE DIRECTOR	40.00	X					105,770.	0.	0.	
(2) EUGENE NEWPORT PRESIDENT	3.00	X					0.	0.	0.	
(3) OSHA NEUMANN DIRECTOR	2.00	X					0.	0.	0.	
(4) SHERRY GENDELMAN DIRECTOR	2.00	X					0.	0.	0.	
(5) MICHEL SHEHADEH DIRECTOR	2.00	X					0.	0.	0.	
(6) HOWARD LEVINE CO-FOUNDER	3.00	X					0.	0.	0.	
(7) JOS SANCES DIRECTOR	2.00	X					0.	0.	0.	
(8) ZEIAD ABBAS SHAMROUCH CO-EXECUTIVE DIRECTOR	40.00	X					99,940.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							205,710.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							205,710.	0.	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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	31,250.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,514,672.				
	g Noncash contributions included in lines 1a-1f: \$		309,043.				
	h Total. Add lines 1a-1f		2,545,922.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		45,782.			45,782.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 31,250. of contributions reported on line 1c). See Part IV, line 18	a	82,534.				
		b Less: direct expenses	b	82,534.			
		c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	79,853.					
	b Less: cost of goods sold	b	59,685.				
	c Net income or (loss) from sales of inventory		20,168.	20,168.			
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,611,872.	20,168.	0.	45,782.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,160.	7,160.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,397,607.	1,397,607.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	205,710.	138,555.	47,059.	20,096.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	449,480.	211,364.	83,172.	154,944.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	7,942.		7,942.	
b Legal	2,391.		2,391.	
c Accounting	20,695.		20,695.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	116,116.	78,730.	16,820.	20,566.
12 Advertising and promotion	6,661.	2,283.	180.	4,198.
13 Office expenses	21,240.		10,728.	10,512.
14 Information technology				
15 Royalties				
16 Occupancy	24,000.		24,000.	
17 Travel	26,317.	19,896.	1,242.	5,179.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,967.		1,359.	1,608.
20 Interest	4,946.		4,946.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	38,882.	12,336.	98.	26,448.
b FUNDRAISING FEES	32,005.			32,005.
c WEBSITE	22,310.	22,191.		119.
d TELEPHONE	20,543.	15,325.	5,218.	
e All other expenses	45,075.	23,970.	3,245.	17,860.
25 Total functional expenses. Add lines 1 through 24e	2,452,047.	1,929,417.	229,095.	293,535.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	791,370.	1	887,881.
	2 Savings and temporary cash investments	403,103.	2	856,555.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	130,117.	7	41,174.
	8 Inventories for sale or use	82,331.	8	67,742.
	9 Prepaid expenses and deferred charges	14,475.	9	37,695.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,085.		
	b Less: accumulated depreciation	10b 33,085.	10c 0.	0.
	11 Investments - publicly traded securities	510,824.	11	492,262.
	12 Investments - other securities. See Part IV, line 11	51,587.	12	51,587.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,400.	15	10,162.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,008,207.	16	2,445,058.	
Liabilities	17 Accounts payable and accrued expenses	114,458.	17	391,484.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	114,458.	26	391,484.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,561,571.	27	1,592,458.
	28 Temporarily restricted net assets	332,178.	28	461,116.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,893,749.	33	2,053,574.	
34 Total liabilities and net assets/fund balances	2,008,207.	34	2,445,058.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,611,872.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,452,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	159,825.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,893,749.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,053,574.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3227265.	2096842.	2729903.	2308766.	2599665.	12962441.
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	3227265.	2096842.	2729903.	2308766.	2599665.	12962441.
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)						696,185.
6 Public support. Subtract line 5 from line 4.						12266256.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3227265.	2096842.	2729903.	2308766.	2599665.	12962441.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,697.	6,922.	41,200.	12,002.	12,206.	86,027.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,504.	6,255.	3,500.			18,259.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13066727.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	93.87 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.99 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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 in (a) 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 (a) and (b) 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? 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.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MIDDLE EAST CHILDREN'S ALLIANCE	Employer identification number 94-3074600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACCESS (CENTER FOR ARAB AMERICAN PHILANTHROPY) 2651 SAULINO CT DEARBORN, MI 48120	\$ 58,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	BRIGITTE JAENSCH 3546 BAJAMONT WAY CARMICHAEL, CA 95608	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	OPEN SOCIETY FOUNDATION 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	ROCKEFELLER BROTHERS FUND 475 RIVERSIDE DR RM 900 NEW YORK, NY 10115	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	ZAM ZAM WATER PPO BOX 5473 RICHMOND, CA 94805	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	VALERIE ANTON PO BOX 1243 MCMINNVILLE, OR 97128	\$ 256,738.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization MIDDLE EAST CHILDREN'S ALLIANCE	Employer identification number 94-3074600
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NOVO FOUNDATION 401 STATE ST BROOKLYN, NY 11217	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MIDDLE EAST CHILDREN'S ALLIANCE	Employer identification number 94-3074600
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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
6	4,727 SHARES WELLS FARGO BANK STOCK	\$ 256,738.	06/30/19

Name of organization MIDDLE EAST CHILDREN ' S ALLIANCE	Employer identification number 94-3074600
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization MIDDLE EAST CHILDREN'S ALLIANCE Employer identification number 94-3074600

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		33,085.	33,085.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **0.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,611,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,611,871.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,611,871.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,452,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,452,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,452,047.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MECA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES (I.E. INCOME FOR ANY TAX POSITIONS TAKEN), AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN POSTIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization MIDDLE EAST CHILDREN ' S ALLIANCE	Employer identification number 94-3074600
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND AFRICA	0	0	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION	PROVIDE AID TO CHILDREN, BUILD PLAYGROUNDS, PROVIDE CLOTHING, FOOD, BOOKS, TOYS, AND SCHOOL	1,397,607.
3 a Subtotal	0	0			1,397,607.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,397,607.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	49,983.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR PRESCHOOL SUMMER CAMP	59,170.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR INSTITUTIONAL STRENGTHENING AND PROGRAMMING--TO	81,049.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	STIPEND AND EXPENSES FOR WORK IN GAZA.	26,560.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR WINTER RELIEF IN BEKAA VALLEY AND FEES FOR TRANSPORT AND	67,369.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	STIPEND AND EXPENSES FOR WORK IN GAZA.	12,200.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR CHILDREN'S LIBRARY & FUNDS FOR SOCIO LEGAL SUPPORT FOR CHILDREN WHO HAVE	45,846.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	WATER ENGINEER FOR MAIA PROJECT.	11,600.	WIRE TRANSFER	0.		CASH

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR PURCHASE AND DISTRIBUTION OF FOOD PACKAGES TO APPROXIMATELY 400	224,491.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	TO PURCHASE FOOD ITEMS, SUPPLIES AND VOLUNTEER STIPENDS TO PROVIDE HEALTHY	12,667.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	PSYCHOSOCIAL INTERVENTION FOR CHILDREN IN KHAN YOUNIS.	81,592.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP FUNDS FOR KHITAM QANOO.	14,280.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR EDUCATIONAL AND PSYCHOSOCIAL SUPPORT FOR STUDENTS WITH LEARNING	10,350.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR YOUTH EMPOWERMENT PROJECT.	206,850.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANTS FOR MEDICINE/MEDICAL SUPPLIES FOR EMERGENCY SITUATION	52,720.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANTS FOR SUMMER CAMP FOCUSED ON PALESTINIAN HERITAGE, HISTORY, CULTURE,	15,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANTS FOR CYCLING AND SPORTS PROGRAM FOR 240 GIRLS	48,310.	WIRE TRANSFER	0.		CASH

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR SUMMER CAMP IN HEBRON AUGUST 2017	5,410.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR ACCELERATED LEARNING FOR SYRIAN REFUGEE CHILDREN	39,360.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR PSYCHOSOCIAL INTERVENTION AND MENTAL HEALTH PROJECT	28,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR PURCHASING OF SUPPLIES FOR KINDERGARTEN	7,390.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR HEALTHY NUTRITION PROGRAM FOR DISABLED PEOPLE	11,889.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANTS FOR CAMPS FOR WOMEN AND CHILDREN, COMPUTER & ENGLISH COURSES,	40,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	WATER ENGINEER FOR MAIA PROJECT.	7,850.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	15,350.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	14,000.	WIRE TRANSFER	0.		CASH

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS FOR PALESTINIAN STUDENTS	MIDDLE EAST AND NORTH AFRICA	0	90,428	WIRE TRANSFER	0.		CASH

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

FOREIGN GRANTS ARE RECORDED WITH ORGANIZATIONAL PROFILES SHOWING THE NAME AND ADDRESS OF RECIPIENT, AND THE PURPOSE FOR WHICH THE AID WAS GIVEN. THE FOREIGN RECIPIENT SENDS A REPORT TO MECA WITH A BUDGET OF THEIR EXPENSES COVERED BY THE GRANT. SEE 990, PAGE 2, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT DETAILS. THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR MAKE SEMI ANNUAL TRIPS TO THE MIDDLE EAST AND, IN THESE VISITS, THEY CHECK ON THE ORGANIZATIONS THAT HAVE RECEIVED FUNDING FROM MECA TO ENSURE THE FUNDS ARE BEING USED AS INTENDED. MECA HAS A VERY HANDS ON APPROACH TO MONITORING THE RESULTS OF THE GRANTS.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE AID TO CHILDREN, BUILD PLAYGROUNDS, PROVIDE CLOTHING, FOOD, BOOKS, TOYS, AND SCHOOL SUPPLIES, AND BUILD A WATER PURIFICATION SYSTEM.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT FOR INSTITUTIONAL STRENGTHENING AND PROGRAMMING--TO REPLACE RECALLED WIRE FROM MAY

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT FOR WINTER RELIEF IN BEKAA VALLEY AND FEES FOR TRANSPORT AND DISTRIBUTION OF MEDICAL AID IN BEKAA VALLEY FOR REFUGEE FAMILIES

Part V Supplemental Information

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

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT FOR CHILDREN'S LIBRARY & FUNDS FOR SOCIO
LEGAL SUPPORT FOR CHILDREN WHO HAVE BEEN ARRESTED

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT FOR PURCHASE AND DISTRIBUTION OF FOOD
PACKAGES TO APPROXIMATELY 400 MARGINALIZED FAMILIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO PURCHASE FOOD ITEMS, SUPPLIES AND VOLUNTEER
STIPENDS TO PROVIDE HEALTHY SNACKS AND MEALS TO 400 CHILDREN IN LOCAL
SCHOOLS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT FOR EDUCATIONAL AND PSYCHOSOCIAL SUPPORT FOR
STUDENTS WITH LEARNING DISABILITIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS FOR MEDICINE/MEDICAL SUPPLIES FOR EMERGENCY
SITUATION IN GAZA

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS FOR SUMMER CAMP FOCUSED ON PALESTINIAN
HERITAGE, HISTORY, CULTURE, GEOGRAPHY AD SOCIAL LIFE IN JERUSALEM

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

Part V Supplemental Information

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

(D) PURPOSE OF GRANT: GRANTS FOR PSYCHOSOCIAL INTERVENTION AND MENTAL HEALTH PROJECT FOR CHILDREN WITH PHYSICAL DISABILITIES AND CHRONIC DISEASES

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: GRANTS FOR CAMPS FOR WOMEN AND CHILDREN, COMPUTER & ENGLISH COURSES, TRANSPORTATION, MAINTENANCE, AND IMPROVEMENTS ON OFFICE SPACE

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		XMAS BAZAAR (event type)	(event type)	10 (total number)	
Revenue	1 Gross receipts	109,558.		4,226.	113,784.
	2 Less: Contributions	31,250.		31,250.	62,500.
	3 Gross income (line 1 minus line 2)	78,308.		-27,024.	51,284.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	77,067.		5,468.	82,535.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				82,535.
11 Net income summary. Subtract line 10 from line 3, column (d)				-31,251.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MIDDLE EAST CHILDREN'S ALLIANCE** Employer identification number **94-3074600**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	444.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	308,599.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION RECEIVES REQUESTS FROM HOST ORGANIZATIONS IN THE MIDDLE EAST FOR MEDICAL SUPPLIES. MECA THEN PRESENTS THESE REQUESTS TO MEDICAL TEAM INTERNATIONAL AND THEY DETERMINE WHAT SUPPLIES THEY CAN CONTRIBUTE TO MECA TO FULFILL THE REQUESTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN. WE EDUCATE NORTH AMERICANS ABOUT CHILDREN IN THE REGION. MECA
WELCOMES THE SUPPORT OF ALL PEOPLE WHO CARE ABOUT CHILDREN AND THEIR
FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN POVERTY IN GAZA.

-MADE GRANTS TO AL JALIL ASSOCIATION AND PALESTINIAN WOMEN'S
HUMANITARIAN ORGANIZATION TO DISTRIBUTE WARM WINTER CLOTHES, OIL FOR
HEATERS, AND COUPONS FOR HYGIENE PRODUCTS AND FOOD TO PALESTINIAN AND
SYRIAN REFUGEE FAMILIES IN LEBANON.

-MADE A GRANT TO AL JALIL ASSOCIATION TO PROVIDE EMERGENCY SUPPORT OF
NEW TENTS, MATTRESSES, KITCHEN KITS AND MORE FOR REFUGEE FAMILIES WHO
LOST THEIR BELONGINGS IN A WINTER STORM.

-MADE A GRANT TO PALESTINIAN ASSOCIATION FOR DEVELOPMENT AND HERITAGE
PROTECTION TO PILOT A NUTRITION PROJECT FOR CHILDREN IN GAZA THAT
PROVIDES HEALTHY MEALS TO CHILDREN AT FOUR KINDERGARTENS.

-PURCHASED MEDICINE FROM SEDICO COMPANY IN EGYPT FOR CLINICS AND
HOSPITALS IN GAZA.

-MADE GRANTS TO THE UNION OF HEALTH WORK COMMITTEES, PALESTINIAN
MEDICAL RELIEF SOCIETY, AND ARD EL-INSAN BENEVOLENT ASSOCIATION TO
PURCHASE MEDICINE TO TREAT PATIENTS IN GAZA.

-MADE GRANTS TO THE UNION OF HEALTH WORK COMMITTEES TO RUN A HOME
HEALTH PROJECT FOR ELDERLY AND INJURED PEOPLE IN GAZA AND TO PURCHASE
MEDICAL EQUIPMENT AND PROVIDE MEDICAL SERVICES TO PATIENTS IN GAZA.

-CONTRACTED WITH DR. MONA EL-FARRA AND WAFAA EL-DERAWI TO OVERSEE OUR

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

AID WORK IN GAZA.

SUPPORT FOR CHILDREN'S PROJECTS

MECA HAS LONG-TERM PARTNERSHIPS WITH SEVERAL GRASSROOTS ORGANIZATIONS IN PALESTINE AND LEBANON THAT ADDRESS CHILDREN'S BASIC NEEDS AND OFFER THEM OPPORTUNITIES TO PLAY, LEARN, AND ENVISION A BETTER FUTURE. WE PROVIDE FINANCIAL SUPPORT AND PROFESSIONAL ASSISTANCE FOR THEIR PROGRAMS, RESPONDING TO REQUESTS FOR WHAT IS NEEDED IN EACH OF THEIR COMMUNITIES.

IN FY 2018-2019 MECA:

-MADE GRANTS TO THE FREEDOM THEATRE IN JENIN REFUGEE CAMP FOR GENERAL OPERATING EXPENSES, INSTITUTIONAL STRENGTHENING, CHILDREN AND YOUTH PROGRAMMING AND THEIR MULTIMEDIA UNIT.

-MADE GRANTS TO MADAA SILWAN CREATIVE CENTER FOR THEIR CHILDREN'S LIBRARY INCLUDING PROGRAMMING ON CREATIVE WRITING AND STORYTELLING AND FOR A LAWYER, PSYCHOLOGIST, AND ACADEMIC TUTORING FOR CHILDREN WHO HAVE BEEN ARRESTED OR FACED OBSTACLES SUCH AS HOME DEMOLITION OR SCHOOL CLOSURES.

-DONATED CAMERAS TO MADAA SILWAN CREATIVE CENTER AND SHORUQ ORGANIZATION TO DOCUMENT THEIR WORK AND USE IN THEIR YOUTH MEDIA PROGRAMS.

-DONATED A LAPTOP TO MADAA SILWAN CREATIVE CENTER FOR OFFICE USE.

-MADE A GRANT TO NEVER STOP DREAMING ASSOCIATION FOR PSYCHOSOCIAL PROJECT FOR CHILDREN IN THE KHAN YOUNIS AREA OF GAZA

-MADE GRANTS TO SHORUQ ORGANIZATION IN DHEISHEH REFUGEE CAMP TO ORGANIZE DANCE AND MUSIC ACTIVITIES AND A FREE SUMMER CAMP FOR CHILDREN, RUN A MULTIMEDIA CENTER WHERE CHILDREN AND YOUTH LEARN TO USE

Name of the organization MIDDLE EAST CHILDREN'S ALLIANCE	Employer identification number 94-3074600
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AUDIO AND VIDEO RECORDING FOR THEIR MUSIC, STORIES AND INTERVIEWS WITH ELDERLY, AND COVER THEIR GENERAL OPERATING EXPENSES.

-MADE A GRANT TO THE PALESTINE WRITING WORKSHOP PUBLISH NEW ARABIC CHILDREN'S BOOKS AND LEAD TRAININGS FOR WOMEN IN READING ALOUD TO CHILDREN.

-MADE A GRANT TO THE RED CRESCENT SOCIETY TO ORGANIZE ACADEMIC TUTORING FOR CHILDREN IN A MARGINALIZED AREA OF GAZA CITY.

-MADE GRANTS TO THE UNION OF PALESTINIAN WOMEN'S COMMITTEES TO PROVIDE ACADEMIC SUPPORT AND COUNSELING TO CHILDREN IN RAFAH WITH LEARNING DISABILITIES AND/OR SUFFERING FROM TRAUMA.

-MADE A GRANT TO AL ZAWAHRA WOMEN'S SOCIETY CENTER TO RUN THE SCHOOL CAFETERIA AND PROVIDE HEALTHY FOOD TO 400 CHILDREN IN A BETHLEHEM VILLAGE.

-MADE A GRANT TO ATFALUNA SOCIETY FOR DEAF CHILDREN FOR SPONSORSHIP OF A CHILD

-MADE GRANTS TO AL JALIL ASSOCIATION FOR AN INFORMAL SCHOOL, FIELD TRIPS, AND HUMAN RIGHTS WORKSHOPS FOR MORE THAN 200 CHILDREN WHO ARE REFUGEES FROM SYRIA LIVING IN LEBANON AND CAN'T ATTEND LOCAL PUBLIC SCHOOLS AND FOR A GIRLS SPORTS PROJECT INTEGRATING PALESTINIAN AND SYRIAN REFUGEES.

-MADE A GRANT TO UNION CIVIC COALITION FOR PALESTINIAN RIGHTS FOR EDUCATIONAL FIELD TRIPS FOR PALESTINIAN STUDENTS IN JERUSALEM.

-MADE GRANTS TO DALIA ASSOCIATION FOR A YOUTH EMPOWERMENT PROJECT TO TEACH ABOUT COMMUNITY PHILANTHROPY AND FOR OPERATING EXPENSES RELATED TO THEIR PROGRAMMATIC WORK FOR PALESTINIAN YOUTH AND WOMEN.

-MADE A GRANT TO THE PALESTINIAN WOMEN'S HUMANITARIAN ORGANIZATION FOR AN ACCELERATED LEARNING PROJECT FOR CHILDREN WHO ARE REFUGEES FROM SYRIA LIVING IN SHATILA REFUGEE CAMP, LEBANON

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

-MADE A GRANT TO RIWAQ CENTER FOR ARCHITECTURE FOR A PLAYGROUND IN BEIT IKSA VILLAGE IN THE WEST BANK

THE MAIA PROJECT

THE MAIA PROJECT TO PROVIDE CLEAN WATER TO CHILDREN IN GAZA BEGAN AT THE REQUEST OF SCHOOLCHILDREN IN GAZA. THE UNITS ARE LOCALLY MANUFACTURED AND OUR PARTNER IN THE PROJECT, THE PALESTINIAN ASSOCIATION FOR DEVELOPMENT AND HERITAGE PROTECTION, RECEIVES THE FUNDS AND OVERSEES THE WORK ALONG WITH MECA STAFF.

IN FY 2018-2019 MECA:

-INSTALLED 5 NEW WATER PURIFICATION UNITS TO PROVIDE SAFE, CLEAN WATER TO CHILDREN AT KINDERGARTENS AND UNRWA SCHOOLS IN GAZA

-MADE REPAIRS AND PAYMENTS ON A MAINTENANCE CONTRACTS FOR WATER PURIFICATION UNITS BUILT IN PAST YEARS

-CONTRACTED WITH AN ENVIRONMENTAL ENGINEER TO CONDUCT REGULAR MONITORING OF THE WATER QUALITY AND OVERSEE THE REPAIRS AND MAINTENANCE ON ALL THE UNITS WE HAVE INSTALLED IN SCHOOLS AND PRESCHOOLS ACROSS GAZA.

-ORGANIZED EDUCATIONAL WORKSHOPS ABOUT THE WATER CRISIS IN SCHOOLS WHERE WE HAVE INSTALLED WATER PURIFICATION UNITS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

-ORGANIZED EDUCATIONAL EVENTS IN THE BAY AREA WITH MECA STAFF AS WELL AS SPEAKERS AND ARTISTS TO PRESENT ON CURRENT EVENTS IN THE MIDDLE EAST.

-ISSUED PRESS RELEASES AND STATEMENTS ON CURRENT EVENTS.

-PRINTED AND MAILED EDUCATIONAL NEWSLETTERS

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

-MADE GRANTS TO DALIA ASSOCIATION, GRASSROOTS JERUSALEM, AND KHAZAEN
FOR EDUCATIONAL PROGRAMMING IN PALESTINE

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE RAMZY HALABY EDUCATION FUND.

COMMUNITY INCOME PROJECTS

MECA SUPPORTS INCOME GENERATION PROJECTS TO HELP CHILDREN AND FAMILIES
IN THE MIDDLE EAST.

IN FY 2018-2019 MECA:

-PURCHASED CRAFTS FROM PALESTINIAN ARTISANS AND COOPERATIVES TO PROVIDE
INCOME FOR FAMILIES AND TO RAISE FUNDS FOR MECA'S PROJECTS

-MADE GRANTS TO AL JALIL ASSOCIATION FOR TWO INCOME GENERATION PROJECT
FOR REFUGEE WOMEN IN LEBANON MAKING FOOD AND KNITTING

-MADE GRANTS TO DALIA ASSOCIATION FOR SEED LIBRARIES AND OTHER
AGRICULTURAL PROJECTS PROMOTING SUSTAINABLE FARMING PRACTICES

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS SCHEDULES A MEETING EACH YEAR FOR THE PURPOSE OF
REVIEWING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS CREATED A CONFLICT OF INTEREST POLICY AND REVIEWS IT
ANNUALLY. THE BOARD OF DIRECTORS REGULARLY REVIEW THE POLICY WITH THE
EMPLOYEES AND ENCOURAGES THE REPORTING OF ANY AND ALL SUSPICIOUS
TRANSACTIONS.

Name of the organization MIDDLE EAST CHILDREN'S ALLIANCE	Employer identification number 94-3074600
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FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS ESTABLISHED THE BASE SALARY FOR THE EXECUTIVE DIRECTOR. EACH YEAR THE BASE SALARY IS INCREASED BY A PERCENT BASED ON THE INCREASE IN THE COST OF LIVING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ONLY.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Related Organizations and Unrelated Partnerships

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

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

Name of the organization **MIDDLE EAST CHILDREN'S ALLIANCE** Employer identification number **94-3074600**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALLIANCE GRAPHICS - 61-1558781 1101 - 8TH ST., SUITE 100 BERKELEY, CA 94710	MANUFACTURING CLOTHING	CA	N/A	C CORP			100%		X

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALLIANCE GRAPHICS, INC.	D	41,174.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 2,445,057; D Employer identification number 94-3074600; E Unrelated business activity code 525990; F Group exemption number; G Check organization type 501(c) corporation; H Enter the number of the organization's unrelated trades or businesses 1; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of THE ORGANIZATION Telephone number 510-548-0542

Name of organization (MIDDLE EAST CHILDREN'S ALLIANCE); Number, street, and room or suite no. (1101 - 8TH ST., NO. 100); City or town, state or province, country, and ZIP or foreign postal code (BERKELEY, CA 94710); F Group exemption number; G Check organization type (501(c) corporation); H Enter the number of the organization's unrelated trades or businesses (1); I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No); J The books are in care of (THE ORGANIZATION) Telephone number (510-548-0542)

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12. Total income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule) (see instructions); 19 Taxes and licenses; 20 Charitable contributions (See instructions for limitation rules); 21 Depreciation (attach Form 4562); 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (attach schedule); 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13; 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions); 32 Unrelated business taxable income. Subtract line 31 from line 30. Total net income is 0.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign activities and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (MONIC RAMIREZ), Preparer's signature, Date (7/6/20), Check self-employed, PTIN (P01344949), Firm's name (SENSIBA SAN FILIPPO LLP), Firm's address (18625 SUTTER BLVD., SUITE 600, MORGAN HILL, CA 95037), Firm's EIN (94-2370906), and Phone no. (408-776-8900).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) ALLIANCE GRAPHICS	61-1558781				
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INTEREST INCOME FROM RELATED PARTY

TO FORM 990-T, PAGE 1

2018

California Exempt Organization
Annual Information Return

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name: MIDDLE EAST CHILDREN'S ALLIANCE
 California corporation number: 1636623
 FEIN: 94-3074600
 Street address (suite or room): 1101 - 8TH ST., NO. 100
 City: BERKELEY State: CA ZIP code: 94710
 Foreign country name: Foreign province/state/country: Foreign postal code:

A First Return Yes No
 B Amended Return Yes No
 C IRC Section 4947(a)(1) trust Yes No
 D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 E Check accounting method: (1) Cash (2) Accrual (3) Other
 F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
 G Is this a group filing? See instructions Yes No
 H Is this organization in a group exemption Yes No
 I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
 J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
 K Is the organization exempt under R&TC Section 23701g? Yes No
 L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required
 M Is the organization a Limited Liability Company? Yes No
 N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
 O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
 P Is federal Form 1023/1024 pending? Yes No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	179,940	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	2,545,922	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,725,862	00
	5	Cost of goods sold	5	59,685	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	59,685	00
	8	Total gross income. Subtract line 7 from line 4	8	2,666,177	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,534,580	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	131,597	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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

Sign Here: Signature of officer: EXECUTIVE DIRE Title Date: 7/6/20
 Telephone: 510-548-0542
 Preparer's signature: Monic Panizza Date: 7/6/20
 Check if self-employed:
 Firm's name (or yours, if self-employed) and address: SENSIBA SAN FILIPPO LLP 18625 SUTTER BLVD., SUITE 600 MORGAN HILL, CA 95037
 Telephone: 94-2370906
 Telephone: 408-776-8900
 May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	162,387	00
	2	Interest	•	2	12,206	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	5,347	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	179,940	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,404,766	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	205,710	00
	12	Other salaries and wages	•	12	449,480	00
	13	Interest	•	13	4,946	00
	14	Taxes	•	14		00
	15	Rents	•	15	24,000	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other Expenses and Disbursements	•	17	445,678	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,534,580	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,194,473		1,744,436
2	Net accounts receivable				
3	Net notes receivable STMT 9		130,117		41,174
4	Inventories		82,331		67,742
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 10		562,411		543,849
10 a	Depreciable assets	33,085		33,085	
b	Less accumulated depreciation	(33,085)		(33,085)	
11	Land				
12	Other assets STMT 11		38,875		47,857
13	Total assets		2,008,207		2,445,058
Liabilities and net worth					
14	Accounts payable		114,458		391,484
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,893,749		2,053,574
22	Total liabilities and net worth		2,008,207		2,445,058

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	159,825	7	Income recorded on books this year not included in this return STMT 12	•	28,228
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		28,228
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		131,597
6	Total. Add line 1 through line 5		159,825				

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PATRICIA ANN ABRAHAM	330 CONCORD ST APT 4B CHARLESTON, SC 29401	06/30/19	7,500.
DENISE ABRAMS	1515 ARCH ST BERKELEY, CA 94708	06/30/19	25,000.
ACCESS (CENTER FOR ARAB AMERICAN PHILANTHROPY)	2651 SAULINO CT DEARBORN, MI 48120	04/29/19	58,422.
JOHN CAWLEY	380 VALLEY DR BRISBANE, CA 94005	06/30/19	5,000.
BOB CUNNINGHAM	641 LONGUE VIEW PL MADISONVILLE, LA 70447	06/30/19	5,000.
M. PATRICIA DAVIS	1088 MANNING ST GREAT FALLS, VA 22066	06/30/19	10,000.
DAVID EIFLER	2218 SAN PABLO AVE BERKELEY, CA 94702	06/30/19	10,000.
MARIE AND JOHN EVANS	362 W BROADWAY APT 4 NEW YORK, NY 10013	06/30/19	20,000.
CHARLIE FISHER	PO BOX 1163 WOODACRE, CA 94973	06/30/19	5,000.
HASSAN AND MARGARET FOUDA	608 SAN LUIS RD BERKELEY, CA 94707	06/30/19	13,084.
NIZAR AND VALERIE GHOSSAINI	7331 TILDEN LN NAPLES, FL 34108	06/30/19	10,000.
JOSEPH HAJJAR	26 SUNDOWN PKWY AUSTIN, TX 78746	06/30/19	5,000.
BRIGITTE JAENSCH	3546 BAJAMONT WAY CARMICHAEL, CA 95608	05/20/19	60,000.
LANNAN FOUNDATION	313 READ ST SANTA FE, NM 87501	06/30/19	31,400.
TARBELL FAMILY FOUNDATION, THE	19 HEATHER LN ORINDA, CA 94563	06/30/19	30,000.
LITTLE ACORN FUND - M	4 VANDERBILT PARK DR STE 300 ASHEVILLE, NC 28803	06/30/19	10,000.

MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

LYNN HANDLEMAN CHARITABLE FOUNDATION	PO BOX 3610 OAKLAND, CA 94609	06/30/19	25,000.
MADISON-RAFAH PROJECT-MRSCP	SISTER CITY PO BOX 5214 MADISON, WI 53705	06/30/19	12,660.
ANGELA MASRI	P.O. BOX 3315 LONDON UNITED KINGDOM NW89AW	06/30/19	10,000.
BETTY AND GARY MASSONI	1411 NE GRANGER AVE CORVALLIS, OR 97330	06/30/19	10,000.
HENRY NORR	1701 CHANNING WAY BERKELEY, CA 94703	06/30/19	10,000.
MARY NORTON	2105 BALTUSROL DR AUSTIN, TX 78747	06/30/19	5,000.
OPEN SOCIETY FOUNDATION	224 WEST 57TH STREET NEW YORK, NY 10019	02/07/19	150,000.
NORMAN AND MARCELLA PEDERSEN	608 STARLIGHT CREST DRIVE LA CANADA, CA 91011	06/30/19	20,000.
ROCKEFELLER BROTHERS FUND	475 RIVERSIDE DR RM 900 NEW YORK, NY 10115	04/01/19	70,000.
JALAL AND GABRIELLE SAAD	5341 GOLDEN GATE AVE OAKLAND, CA 94618	06/30/19	12,000.
HAITHAM AND REBECCA SALAWDEH	8700 JACKSON PARK BLVD WAUWATOSA, WI 53226	06/30/19	15,000.
THE OHRSTROM FOUNDATION	31 W 27TH ST FL 4 NEW YORK, NY 10001	06/30/19	25,000.
TREE OF LIFE EDUCATION FUND, INC.	2 FERRY RD OLD LYME, CT 06371	06/30/19	5,000.
ZAM ZAM WATER	PPO BOX 5473 RICHMOND, CA 94805	06/03/19	120,000.
GHALIA AND OMAR AL-QATTAN	1 EDWARDES SQUARE LONDON UNITED KINGDOM W86HE	06/30/19	30,000.
ALLIANCE GRAPHICS	1101 8TH ST STE 100 BERKELEY, CA 94710	06/30/19	21,000.
MEDEA BENJAMIN	666 G ST NE WASHINGTON, DC 20002	06/30/19	5,000.
BOILER ROOM	MARKIAN HOUSE, 52-56 PRITCHARDS ROAD LONDON UNITED KINGDOM E29AP	06/30/19	12,766.

MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

CULTURES OF RESISTANCE NETWORK FOUNDATION	400 SYLVAN AVE STE 111 C/O PARK & KIM CPA PC ENGLEWOOD CLIFFS, NJ 07632	06/30/19	8,000.
DALIA ASSOCIATION PALESTINIAN COMMUNITY FUND	2651 SAULINO CT C/O CENTER FOR ARAB AMERICAN PHILANTHROPY DEARBORN, MI 4812	06/30/19	35,000.
EDNA WARDLAW CHARITABLE TRUST	2 ESPALDA CT SAN RAFAEL, CA 94901	06/30/19	7,000.
SAMER GAWRIEH	3862 PELHAM RD CARMEL, IN 46074	06/30/19	5,000.
MICHAEL HADDAD	6260 CASTLE DR OAKLAND, CA 94611	06/30/19	5,000.
KATRINA HALABY WADDELL	435 CHINA BASIN ST UNIT 621 SAN FRANCISCO, CA 94158	06/30/19	11,000.
SUSAN K. JACOBY	55 JAMAICA ST JAMAICA PLAIN, MA 02130	06/30/19	5,298.
WADIE & VERA KHADDER	1414 KNOWLTON DR SUNNYVALE, CA 94087	06/30/19	5,000.
JILL DIANE KIRSHNER	24895 PIONEER WAY NW POULSBO, WA 98370	06/30/19	25,000.
OMAR KODMANI	12 ST. JAMES SQUARE LONDON UNITED KINGDOM SW1Y4LB	06/30/19	10,000.
KPFK-FM RADIO PACIFICA FOUNDATION	3729 CAHUENGA BLVD NORTH HOLLYWOOD, CA 91604	06/30/19	9,433.
ELINOR LEVINE	378 63RD ST OAKLAND, CA 94618	06/30/19	6,966.
MADRE, INC.	121 W 27TH ST STE 301 NEW YORK, NY 10001	06/30/19	50,000.
SAHAR MASUD	38 MILLER AVE PMB 515 MILL VALLEY, CA 94941	06/30/19	5,000.
SYLVIA & JOHN MELROSE	8898 OCCIDENTAL RD SEBASTOPOL, CA 95472	06/30/19	5,000.
ARSHAD & LAVANYA NOOR	10846 VIA SAN MARINO CUPERTINO, CA 95014	06/30/19	5,000.
NOVO FOUNDATION	401 STATE ST BROOKLYN, NY 11217	05/13/19	150,000.
IYAD OMARI	81 KINGSTON HOUSE SOUTH ENNISMORE GARDENS LONDON UNITED KINGDOM SW71NG	06/30/19	10,000.

MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

KEITH J. PATTI	PO BOX 561 ZANESVILLE, OH 43702	06/30/19	5,000.
BOTHANIA SALAMA	1666 KENSINGTON AVE LOS ALTOS, CA 94024	06/30/19	22,775.
SHEFFIELD HALLAM UNIVERSITY	CITY CAMPUS, HOWARD STREET SHEFFIELD UNITED KINGDOM S11WBGB	06/30/19	5,135.
BRIAN SWANSON	335 CHURCH ST C/O ALICE ROWAN SWANSON FOUNDATION NORTHBOROUGH, MA 01532	06/30/19	5,000.
ERIK THOMAS	3939 LAKEVIEW CT LONG GROVE, IL 60047	06/30/19	12,500.
FIROZ & JABEEN VAGH	11010 RANCHITOS RD NE ALBUQUERQUE, NM 87122	06/30/19	10,000.
KATRINA VANDEN HEUVEL	520 8TH AVE C/O THE NATION NEW YORK, NY 10018	06/30/19	15,000.
WENDY VANDEN HEUVEL	180 MAIDEN LN C/O JKW FOUNDATION NEW YORK, NY 10038	06/30/19	10,000.
YOURCAUSE PFIZER	PO BOX 2072 PRINCETON, NJ 08543	06/30/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>1,311,939.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		82,331
2. MERCHANDISE PURCHASED.	23,945	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	21,151	
6. ADD LINES 1 THROUGH 5		127,427
7. INVENTORY AT END OF YEAR		67,742
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		59,685

CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
FREIGHT	21,151.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	21,151.

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	4
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VALERIE ANTON	PO BOX 1243 MCMINNVILLE, OR 97128		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
4,727 SHARES WELLS FARGO BANK STOCK	06/30/19	256,738.	256,738.
TOTAL INCLUDED ON LINE 3			256,738.

CA 199	OTHER INCOME	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
REALIZED GAIN ON SALE OF INVESTMENT ASSETS	5,347.
TOTAL TO FORM 199, PART II, LINE 7	5,347.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 6
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: AID FOR THE BENEFIT OF CHILDREN IN PALESTINE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MADAA SILWAN CENTER	PO BOX 28120 JERUSALEM 91280 ISRAEL - JERUSALEM, ISRAEL	NONE	45,846.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AN-NAJAH UNIVERSITY	PO BOX 7, NABLUS, WEST BANK, PALESTINE - PALESTINE, ISRAEL	NONE	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL QUDS UNIVERSITY	PO BOX 20002, JERUSALEM, PALESTINE - PALESTINE, ISRAEL	NONE	15,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN FRIENDS SERVICE COMMITTEE	1501 CHERRY ST - PHILADELPHIA, PA 19102	NONE	2,288.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BIRZEIT UNIVERSITY	1800 W. 14 MILE ROAD, SUITE C - ROYAL OAK, MI 48073	NONE	3,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BETHLEHEM UNIVERSITY	PO BOX 692 - LINCROFT, NJ 07738-0692	NONE	9,534.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL AZHAR UNIVERSITY	PO BOX 1277, GAZA CITY, PALESTINE - PALESTINE, ISRAEL	NONE	40,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEBRON UNIVERSITY	PO BOX 40 HEBRON, WEST BANK, PALESTINE - PALESTINE, ISRAEL	NONE	2,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINE WRITING WORKSHOP	MORGAN COOPER, BEIT NIMEH, BIRZEIT, PALESTINE - PALESTINE, ISRAEL	NONE	10,350.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINIAN MEDICAL RELIEF SOCIETY	P.O. BOX 572 - RAMALLAH, ISRAEL	NONE	4,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINE FARMER'S UNION	HOLANDA STREET - RAMALLAH, ISRAEL	NONE	5,410.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAAD MANAF ABBAS	ZUGHAIK ST, KUFOR AQAD - RAMALLAH, ISRAEL	NONE	1,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMAL ABDELRAOF ABU MOALIQE	AL AMAL STREET, GAZA - PALESTINE, ISRAEL	NONE	800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAFAA ABDALLA EL-DERAWI	NUSEIRAT CAMP, MIDDLE AREA, PALESTINE - GAZA, ISRAEL	NONE	12,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GHADA SK MANSI	GAZA STRIP, GAZA, PALESTINE - PALESTINE, ISRAEL	NONE	7,850.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNION OF HEALTH WORK COMMITTEES--UHWC	10 YAD HARUTZIM ST., - JERUSALEM, ISRAEL	NONE	52,720.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRASSROOTS JERUSALEM	RAMALLAH, PALESTINE - RAMALLAH, ISRAEL	NONE	11,889.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL ZAWAHRA WOMEN'S SOCIETY CENTER	MASARA, WEST BANK, PALESTINE - PALESTINE, ISRAEL	NONE	12,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AFAQ JADEEDA ASSOCIATION	OMAR BIN EL-KHATAB STREET, NUSEIRAT CAMP, GAZA, PALESTINEOMAR BIN EL-KHATAB	NONE	59,170.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNION CIVIC COALITION PALESTINIAN RIGHTS	DWAR AL-DAHIEH, ABU KHALAF - JERUSALEM, ISRAEL	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ATFA LUNA SOCIETY FOR DEAF CHILDREN	72 PHILISTEEN ST,P.O. BOX 1296 - GAZA CITY, ISRAEL	NONE	14,280.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINE WOMEN'S HUMANITARIAN ORG	AL GHADER BLDG, ABED NASSAR ST, BOURJ EL BOURAJINEH CAMP, BEIRUT - LEBANON,	NONE	39,360.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY TRAINING CENTER CRISIS MANAG	AL THALATHENI STREET - GAZA CITY, ISRAEL	NONE	300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL JALIL ASSOCIATION	CITY, GAZA PALESTINE - - BEIRUT, ISRAEL	NONE	67,369.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DR MONA EL-FARRA	SEDICO, PO BOX 43, CAIRO 12566, EGYPT - EGYPT, EGYPT	NONE	26,560.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH EGYPT DRUG INDUSTRIES	SEDICO, PO BOX 43, CAIRO 12566, EGYPT - EGYPT, EGYPT	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S AFFAIRS TECHNICAL COMMITTEE	RADIO ST, AWWAD CENTER, 2ND FL - RAMALLAH, ISRAEL	NONE	48,310.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEVER STOP DREAMING	AL-AGHA STREET, KHAN YOUNIS, GAZA - PALESTINE, ISRAEL	NONE	81,592.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DALIA ASSOCIATION	RAMALLAH TAHTA RAMALLAH, PALESTINE - PALESTINE, ISRAEL	NONE	206,850.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCHOLARSHIPS FOR \$5,000 OR LESS	VARIOUS - BERKELEY, CA 94710	NONE	2,294.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARD EL INSAN PALESTINIAN BENEVOLENT ASSO	FAITHI NASSER, AL NASSER ST, GAZA CITY, PALESTINE - PALESTINE, ISRAEL	NONE	4,860.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JENIN FREEDON THEATRE	SCHOOL STREET, REFUGEE CAMP, PALESTINE - GAZA, ISRAEL	NONE	49,983.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINIAN ASSOCIATION FOR DEVELOP/HERI	AL-MANSHIA STREET BEIT LAHYA, GAZA PALESTINE - PALESTINE, ISRAEL	NONE	224,491.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL AQSA UNIVERSITY	P.O.BOX 4051 - GAZA, ISRAEL	NONE	8,900.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
US DONATIONS FOR \$5,000 OR LESS	VARIOUS - BERKELEY, CA 94710	NONE	7,160.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KHAZAAEN	FADI ASLEH, CHURCHILL ST, MOUNT SCOPUS, JERUSALEM, PALESTINE - PALESTINE, IS	NONE	28,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIRAJ ALQUDS SCHOOL	IKHWAN AL-SAFA 36, WAD ALJOZ, JERUSALEM, PALESTINE - PALESTINE, ISRAEL	NONE	7,390.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHORUQ	P.O. BOX 332, BETHLEHEM, WEST BANK, PALESTINE - PALESTINE, ISRAEL	NONE	81,049.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAND DEFENSE COALITION	UM ASHARAT, RAMALLAH, PALESTINE - PALESTINE, ISRAEL	NONE	11,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINIAN MUSIC CENTER FOR CULTURE	BARCELONA STREET, TEL EL HAWA, GAZA, PALESTINE - PALESTINE, ISRAEL	NONE	15,350.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RIWAQ CENTER FOR ARCHITECTURAL CONSERV	NABLUS ROAD, PO BOX 212, RAMALLAH, PALESTINE - RAMALLAH, ISRAEL	NONE	14,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GAZA COMMUNITY MENTAL HEALTH CENTER	AL RASHEED ST, PO BOX 1049, GAZA, PALESTINE - PALESTINE, ISRAEL	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BALADNA ASSOC FOR ARAB YOUTH	P.O. BOX 99604, HABANKIM 18, HAIFA, 31996 PALESTINE - PALESTINE, ISRAEL	NONE	97,044.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAKASSED ISLAMIC CHARITABLE SOCIETY	JAMIL SHQAIRAT, DIRECTOR OF COLLEGE AL ADAWEYAH ST, JERUSALEM, PALESTINE - P	NONE	2,000.

TOTAL FOR THIS ACTIVITY 1,404,766.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,404,766.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	7
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
BARBARA LUBIN 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	CO-EXECUTIVE DIRECTOR 40.00	105,770.	
EUGENE NEWPORT 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	PRESIENT 3.00	0.	
OSHA NEUMANN 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	DIRECTOR 2.00	0.	
SHERRY GENDELMAN 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	DIRECTOR 2.00	0.	
MICHEL SHEHADEH 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	DIRECTOR 2.00	0.	
HOWARD LEVINE 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	CO-FOUNDER 3.00	0.	
JOS SANCES 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	DIRECTOR 2.00	0.	
ZEIAD ABBAS SHAMROUCH 1101 - 8TH ST., NO. 100 BERKELEY, CA 94710	CO-EXECUTIVE DIRECTOR 40.00	99,940.	
TOTAL TO FORM 199, PART II, LINE 11		205,710.	

CA 199	OTHER EXPENSES	STATEMENT	8
DESCRIPTION	AMOUNT		
PRINTING	38,882.		
FUNDRAISING FEES	32,005.		
WEBSITE	22,310.		
TELEPHONE	20,543.		
DIRECT EXPENSES OF FUNDRAISING EVENTS	82,534.		

MANAGEMENT FEES	7,942.
LEGAL FEES	2,391.
ACCOUNTING FEES	20,695.
OTHER PROFESSIONAL FEES	116,116.
ADVERTISING AND PROMOTION	6,661.
OFFICE EXPENSES	21,240.
TRAVEL	26,317.
CONFERENCES AND CONVENTIONS	2,967.
ALL OTHER EXPENSES	45,075.
TOTAL TO FORM 199, PART II, LINE 17	445,678.

CA 199	NET NOTES RECEIVABLE	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	130,117.	41,174.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	130,117.	41,174.

CA 199	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN ALLIANCE GRAPHICS, INC.	51,587.	51,587.
OTHER PUBLICLY TRADED SECURITIES	510,824.	492,262.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	562,411.	543,849.

CA 199	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	14,475.	37,695.
EMPLOYEE RECEIVABLE	24,400.	10,162.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	38,875.	47,857.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED INVESTMENT GAINS	28,228.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	28,228.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

839035 12-12-18

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2018** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 MIDD 94-3074600 1636623 18 FORM 3
TYB 07-01-2018 TYE 06-30-2019
MIDDLE EAST CHILDRENS ALLIANCE

1101 - 8TH ST NO 100
BERKELEY CA 94710

(510) 548-0542

Amount of Payment 10.

TAXABLE YEAR
2018

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
MIDDLE EAST CHILDREN'S ALLIANCE	94-3074600

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>2,725,862</u>
2 Total gross income (Form 199, line 8)	2	<u>2,666,177</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>2,534,580</u>

Part II Settle Your Account Electronically for Taxable Year 2018

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**


Sign Here  _____ **EXECUTIVE DIRECTOR**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				FEIN
	SENSIBA SAN FILIPPO LLP	7/6/20			P01344949
	18625 SUTTER BLVD., SUITE 600				94-2370906
	MORGAN HILL, CA				95037

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			FEIN
				ZIP code

2018

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name
MIDDLE EAST CHILDREN'S ALLIANCE California corporation number
1636623

Additional information. See instructions. FEIN
94-3074600

Street address (suite/room no.)
1101 - 8TH ST., NO. 100 PMB no.

City (If the corporation has a foreign address, see instructions.)
BERKELEY State
CA ZIP code
94710

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date (mm/dd/yyyy)
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **SEE STATEMENT 13**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code **525990**
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6	00
	7	Net Operating Loss deduction. See General Information N	•	7	00
	8	Add line 6 and line 7	•	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	00
	10	Tax 8.84 % x line 9. See General Information J	•	10	00
	11	Tax credits from Schedule B. See instructions	•	11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	00
	13	Alternative minimum tax. See General Information O	•	13	00
	14	Total tax. Add line 12 and line 13	•	14	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	00
	16	2018 estimated tax payments. See instructions	•	16	00
	17	Withholding (Form 592-B and/or 593.) See instructions	•	17	00
	18	Amount paid with extension (form FTB 3539)	•	18	00
	19	Total payments and credits. Add line 15 through line 18	•	19	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	00
	25	Enter amount of line 24 to be applied to 2019 estimated tax	•	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29		00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			• 5		00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13		00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest	• 18		00
19 Taxes	• 19		00
20 Contributions	• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A	• 21b		00
22 Depletion	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs	• 23b		00
24 Other deductions	• 24		00
25 Total deductions. Add line 14 through line 24	• 25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26		00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28		00
29 Specific deduction	• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30		00

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title EXECUTIVE DIRECTOR	Date	• Telephone 510-548-0542
Preparer's signature <i>Monie Ramirez</i>	Date 7/6/20	Check if self-employed <input type="checkbox"/>	• PTIN P01344949
Firm's name (or yours if self-employed) SENSIBA SAN FILIPPO LLP			• FEIN 94-2370906
and address 18625 SUTTER BLVD., SUITE 600 MORGAN HILL, CA 95037			• Telephone 408-776-8900

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1 ALLIANCE GRAPHICS	61-1558781	0	0	0	0
2					
3					

Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part I, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for separate basis reporting, corresponding to the columns in Part I.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 13
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INTEREST INCOME FROM RELATED PARTY

TO FORM 109, PAGE 1

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>MIDDLE EAST CHILDREN'S ALLIANCE</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <u>1101 - 8TH ST., NO. 100</u> Address (Number and Street)</p> <p><u>BERKELEY, CA 94710</u> City or Town, State, and ZIP Code</p> <p><u>510-548-0542</u> _____ Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT163662</u></p> <p>Corporation or Organization No. <u>1636623</u></p> <p>Federal Employer ID No. <u>94-3074600</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES
 For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

Gross Annual Revenue \$ <u>2,611,872</u>	Noncash Contributions \$ <u>309,043</u>	Total Assets \$ <u>2,445,058</u>
Program Expenses \$ <u>1,929,417</u>	Total Expenses \$ <u>2,452,047</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>ZEIAD ABBAS SHAMROUCH</u>	<u>EXECUTIVE DIRECTOR</u>
Signature of Authorized Agent	Title
Printed Name	Date