

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>MIDDLE EAST CHILDREN'S ALLIANCE</b>		EIN or SSN <b>94-3074600</b>
Name and title of officer or person subject to tax <b>ZEIAD ABBAS SHAMROUCH EXECUTIVE DIRECTOR</b>		

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>3,812,328.</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 V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

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

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax \_\_\_\_\_ 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.

**94793092121**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 \_\_\_\_\_ Date \_\_\_\_\_

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>MIDDLE EAST CHILDREN'S ALLIANCE</b>	Taxpayer identification number (TIN) <b>94-3074600</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1101 - 8TH ST., 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BERKELEY, CA 94710</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

• The books are in the care of ▶ **1101 - 8TH ST., 100 - BERKELEY, CA 94710**

Telephone No. ▶ **510-548-0542**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>MIDDLE EAST CHILDREN'S ALLIANCE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1101 - 8TH ST. 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>BERKELEY, CA 94710</b> <b>F</b> Name and address of principal officer: <b>ZEIAD ABBAS SHAMROUCH</b> <b>1101 8TH ST, BERKELEY, CA 94710</b>	<b>D</b> Employer identification number <b>94-3074600</b> <b>E</b> Telephone number <b>510-548-0542</b> <b>G</b> Gross receipts \$ <b>4,015,944.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.MECAFORPEACE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1994</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>A NONPROFIT ORGANIZATION WORKING FOR THE RIGHTS AND WELL BEING OF CHILDREN IN THE MIDDLE EAST.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>10</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,753,471.</b>	<b>Current Year</b> <b>3,734,559.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>1,522.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>56,050.</b>	<b>25,244.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>86,066.</b>	<b>51,003.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,895,587.</b>	<b>3,812,328.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,561,814.</b>	<b>2,415,586.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>719,145.</b>	<b>794,779.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>427,567.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>683,380.</b>	<b>396,279.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,964,339.</b>	<b>3,606,644.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,931,248.</b>	<b>205,684.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>6,590,068.</b>	<b>End of Year</b> <b>6,306,216.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>764,069.</b>	<b>430,436.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>5,825,999.</b>	<b>5,875,780.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ZEIAD ABBAS SHAMROUCH, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MONIC RAMIREZ</b>	Preparer's signature Date
	Firm's name ▶ <b>SENSIBA LLP</b> Firm's address ▶ <b>5960 INGLEWOOD DR., SUITE 201 PLEASANTON, CA 94588</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01344949</b> Firm's EIN ▶ <b>94-2370906</b> Phone no. <b>925-271-8700</b>

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

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 \$ 1,290,262. including grants of \$ 1,107,483.) (Revenue \$ )
HUMANITARIAN AID
SINCE MECA WAS FOUNDED IN 1988, WE HAVE SENT OR DELIVERED MORE THAN 30 MILLION DOLLARS IN AID TO CHILDREN IN PALESTINE, IRAQ, AND LEBANON TO ALLEVIATE THE SUFFERING CAUSED BY WAR, SANCTIONS, AND OCCUPATION. WE DELIVER FOOD PARCELS, WARM WINTER CLOTHES, MEDICAL EQUIPMENT AND SUPPLIES, AS WELL AS PROVIDE CLOTHES, BOOKS, TOYS, AND SCHOOL SUPPLIES.

IN FY 2021-2022 MECA:
-MADE GRANTS TO YOUTH VISION SOCIETY, FUTURE ASSOCIATION FOR DEVELOPMENT & ENVIRONMENT TO PROVIDE FOOD PARCELS TO FAMILIES LIVING IN POVERTY IN GAZA
-MADE A GRANT TO ARD EL INSAN TO TREAT MALNUTRITION IN CHILDREN UNDER 5

4b (Code: ) (Expenses \$ 1,393,799. including grants of \$ 1,177,480.) (Revenue \$ 1,522.)
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 2021-2022 MECA:
-CO-PUBLISHED "DETERMINED TO STAY: PALESTINIAN YOUTH FIGHT FOR THEIR VILLAGE" BY MECA STAFF MEMBER JODY SOKOLOWER
-PRESENTED AT CONFERENCES, PANEL DISCUSSIONS, AND UNIVERSITY EVENTS ABOUT CHILDREN IN THE MIDDLE EAST.
-LED EDUCATIONAL WORKSHOPS FOR TEACHERS ON HOW TO INTEGRATE LESSONS

4c (Code: ) (Expenses \$ 178,184. including grants of \$ 130,624.) (Revenue \$ 58,848.)
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 2021-2023 MECA PROVIDED PARTIAL OR FULL SCHOLARSHIPS FOR 121 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 on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,862,245.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b> X	
<b>15</b> 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> .....	<b>15</b> X	
<b>16</b> 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> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>2a</b>	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		
	<b>2a</b> 10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

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

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

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

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 510-548-0542  
1101 - 8TH ST., 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ZEIAD ABBAS SHAMROUCH EXECUTIVE DIRECTOR	40.00			X				138,750.	0.	0.
(2) MICHEL SHEHADEH PRESIDENT	3.00	X		X				0.	0.	0.
(3) JOS SANCES SECRETARY	2.00	X		X				0.	0.	0.
(4) SHERRY GENDELMAN VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(5) JUMANA MUWAFI DIRECTOR	3.00	X						0.	0.	0.
(6) SAMI KITMITTO DIRECTOR	2.00	X						0.	0.	0.
(7) HOWARD LEVINE TREASURER	0.00	X		X				0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	52,144.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	110,490.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,571,925.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 52,361.				
	<b>h Total.</b> Add lines 1a-1f		3,734,559.				
	<b>Program Service Revenue</b>	<b>2 a</b> EDUCATION - BOOK ROYAL	<b>Business Code</b> 611710	1,522.	1,522.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			1,522.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		32,944.			32,944.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	7,700.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-7,700.				
<b>d</b> Net gain or (loss)		-7,700.			-7,700.		
<b>8 a</b> Gross income from fundraising events (not including \$ 52,144. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		21,319.				
			29,164.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-7,845.		-7,845.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		225,600.				
			166,752.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			58,848.	58,848.			
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			3,812,328.	60,370.	0.	17,399.	

**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	5,694.	5,694.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,374.	70,374.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,339,518.	2,339,518.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,750.	97,125.	13,875.	27,750.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	547,753.	235,464.	128,757.	183,532.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	57,932.	24,739.	13,700.	19,493.
10 Payroll taxes	50,344.	24,165.	10,572.	15,607.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,233.		21,233.	
c Accounting	34,600.		34,600.	
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.)	119,761.	12,573.	32,196.	74,992.
12 Advertising and promotion	1,920.		971.	949.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	24,724.		24,724.	
17 Travel	16,351.	8,019.	3,253.	5,079.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,302.		1,107.	1,195.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,267.		5,267.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FUNDRAISING FEES</b>	65,982.			65,982.
b <b>PRINTING</b>	46,318.	29,697.		16,621.
c <b>WEBSITE</b>	17,548.	11,279.	3,696.	2,573.
d <b>SUPPLIES</b>	13,684.		13,684.	
e All other expenses	26,589.	3,598.	9,197.	13,794.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,606,644.</b>	<b>2,862,245.</b>	<b>316,832.</b>	<b>427,567.</b>
<b>26 Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,727,484.	<b>1</b>	1,442,505.
	<b>2</b> Savings and temporary cash investments .....	406,080.	<b>2</b>	750,639.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	500.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	34,213.
	<b>8</b> Inventories for sale or use .....	134,009.	<b>8</b>	106,429.
	<b>9</b> Prepaid expenses and deferred charges .....	3,549.	<b>9</b>	49,745.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 33,085.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,085.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....	3,260,406.	<b>11</b>	3,870,598.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	51,587.	<b>12</b>	51,587.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,953.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,590,068.	<b>16</b>	6,306,216.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	571,985.	<b>17</b>	238,221.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	192,084.	<b>25</b>	192,215.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	764,069.	<b>26</b>	430,436.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,186,601.	<b>27</b>	3,164,161.
	<b>28</b> Net assets with donor restrictions .....	2,639,398.	<b>28</b>	2,711,619.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,825,999.	<b>32</b>	5,875,780.
<b>33</b> Total liabilities and net assets/fund balances .....	6,590,068.	<b>33</b>	6,306,216.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,812,328.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,606,644.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	205,684.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,825,999.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-155,903.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,875,780.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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>b</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	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**Name of the organization** **Employer identification number**  
MIDDLE EAST CHILDREN'S ALLIANCE 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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2308766.	2599665.	3329330.	6743471.	3734557.	18715789.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2308766.	2599665.	3329330.	6743471.	3734557.	18715789.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						18715789.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	2308766.	2599665.	3329330.	6743471.	3734557.	18715789.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12,002.	12,206.	34,690.	56,050.	25,244.	140,192.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					-7,845.	-7,845.
<b>11 Total support.</b> Add lines 7 through 10						18848136.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	183,297.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.30 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.11 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)

Name of organization <b>MIDDLE EAST CHILDREN'S ALLIANCE</b>	Employer identification number <b>94-3074600</b>
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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	LANNAN FOUNDATION 313 READ ST SANTA FE, NM 87501	\$ 223,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OPEN SOCIETY FOUNDATION 530 BUSH ST, STE 1000 SAN FRANCISCO, CA 94108	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROCKEFELLER BROTHERS FUND 475 RIVERSIDE DR RM 900 NEW YORK, NY 10115	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CENTER FOR ARAB AMERICAN PHILANTHROPY 2651 SAULINO CT C/O CENTER FOR ARAB AMERICAN PHILANTHROPY DEARBORN, MI 48120	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SAHAR MASUD 38 MILLER AVE PMB 515 MILL VALLEY, CA 94941	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SBA PPP LOAN FORGIVENESS 409 THIRD ST SW, SUITE 8000 WASHINGTON, DC 20416	\$ 110,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>MIDDLE EAST CHILDREN'S ALLIANCE</b>	Employer identification number  <b>94-3074600</b>
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>MIDDLE EAST CHILDREN ' S ALLIANCE</b>	Employer identification number  <b>94-3074600</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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

2021

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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				
<b>Total.</b> 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>GRANTS PAYABLE</b>	<b>192,215.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>192,215.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,677,060.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-155,903.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	20,635.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-135,268.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,812,328.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,812,328.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,627,279.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	20,635.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		20,635.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,606,644.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,606,644.

**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.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

REIMBURSED EXPENSES	19,135.
CREDIT CARD REFUNDS	1,500.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	20,635.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND AFRICA	0	0	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION	PROVIDE AID TO CHILDREN, BUILD PLAYGROUNDS, PROVIDE CLOTHING, FOOD, BOOKS, TOYS, AND SCHOOL	2,217,006.
<b>3 a</b> Subtotal .....	0	0			2,217,006.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,217,006.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021  
SEE PART V FOR COLUMN (E) DESCRIPTIONS



**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	92,839.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR INSTITUTIONAL STRENGTHENING AND PROGRAMMING--TO	76,760.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	STIPEND AND EXPENSES FOR WORK IN GAZA.	30,100.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	STIPEND AND EXPENSES FOR WORK IN GAZA.	13,300.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR CHILDREN'S LIBRARY & FUNDS FOR SOCIO LEGAL SUPPORT FOR CHILDREN WHO HAVE	97,700.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	WATER ENGINEER FOR MAIA PROJECT.	19,517.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR PURCHASE AND DISTRIBUTION OF FOOD PACKAGES TO APPROXIMATELY 400	253,280.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	PSYCHOSOCIAL INTERVENTION FOR CHILDREN IN KHAN YOUNIS.	40,005.	WIRE TRANSFER	0.		CASH

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 YOUTH EMPOWERMENT PROJECT.	100,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GRANTS FOR ACCELERATED LEARNING FOR SYRIAN REFUGEE CHILDREN	186,015.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	WATER ENGINEER FOR MAIA PROJECT.	12,100.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	38,060.	WIRE TRANSFER	0.		CASH
		AL NASSAR STREET GAZA PALESTINE	EMPOWERING YOUTH, WOMEN AND CHILDREN.	179,528.	WIRE TRANSFER	0.		CASH
		AL WEHDA STREET GAZA PALESTINE	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	8,275.	WIRE TRANSFER	0.		CASH
		ZUGHAIIR STREET, KUFOR AQAB RAMALLAH PALESTINE	STIPEND AND EXPENSES FOR WORK IN GAZA.	14,223.	WIRE TRANSFER	0.		CASH
		AL THALATHENI STREET GAZA CITY, GAZA PALESTINE COMMUNITY	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	280,280.	WIRE TRANSFER	0.		CASH
		OMAR MUKHTAR STREET, GAZA CITY, PALESTINE	COMMUNITY PROJECTS	34,160.	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)
		VILLAGE COUNCIL, SUSIYA SOUTH HEBRON WEST BANK PALESTINE	FUNDS FOR INCREASING WORK OPPORTUNITIES FOR WOMEN AND PROVIDING CHILDREN	25,006.	WIRE TRANSFER	0.		CASH
		KHAN YOUNIS GAZA, PALESTINE	FUNDS FOR MEDICAL SERVICES	39,000.	WIRE TRANSFER	0.		CASH
		AL MASRYEEN STREET, BEIT HANOUN GAZA, PALESTINE	COMMUNITY RESOURCES	29,159.	WIRE TRANSFER	0.		CASH
		FAITHI NASSER, AL NASSER STREET, GAZA CITY, PALESTINE	FUNDS TO PROVIDE RESOURCES OF HEALTH AND NUTRITION FOR CHILDREN.	139,221.	WIRE TRANSFER	0.		CASH
		BARCELONA STREET, TEL EL HAWA, GAZA, PALESTINE	FUNDS TO PROVIDE MUSICAL EDUCATION TO CHILDREN.	17,114.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	GRANT FOR WINTER RELIEF IN BEKAA VALLEY AND FEES FOR TRANSPORT AND	19,992.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	TO PURCHASE FOOD ITEMS, SUPPLIES AND VOLUNTEER STIPENDS TO PROVIDE HEALTHY	12,920.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	INSTITUTIONAL STRENGTHENING--CHILDR PROGRAMMING	37,100.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY PROJECTS	5,250.	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	EFFORTS TO HELP THE YOUTH IN 2000 WITH THE COMPLETION OF MANY COURSES,	30,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	IN AN AREA DEEPLY IMPACTED BY WARFARE AND GENDER-BASED VIOLENCE, ONE OF THE	55,350.	WIRE TRANSFER	0.		CASH
		UNITED KINGDOM	THE BRITAIN PALESTINE MEDIA CENTRE CONNECTS MEDIA PROFESSIONALS WITH PALESTINIANS -	10,000.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	SEEKS TO SUPPORT COMMUNITY DEVELOPMENT IN PALESTINE GENERALLY AND GAZA	117,990.	WIRE TRANSFER	0.		CASH
		EGYPT	INTERDENOMINATIONAL ORGANIZATION THAT EXISTS TO BRING PHYSICAL,	67,017.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY PROJECTS	28,343.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY PROJECTS	50,994.	WIRE TRANSFER	0.		CASH
		HAIFA, ISRAEL	COMMUNITY PROJECTS	20,347.	WIRE TRANSFER	0.		CASH
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY PROJECTS	20,779.	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	COMMUNITY PROJECTS	6,389.	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	118,049.	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 CHILDREN'S LIBRARY & FUNDS FOR SOCIO LEGAL SUPPORT FOR CHILDREN WHO HAVE BEEN ARRESTED

REGION: MIDDLE EAST AND NORTH AFRICA



**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: GRANT FOR PURCHASE AND DISTRIBUTION OF FOOD PACKAGES TO APPROXIMATELY 400 MARGINALIZED FAMILIES.

REGION: VILLAGE COUNCIL, SUSIYA SOUTH HEBRON WEST BANK PALESTINE

(D) PURPOSE OF GRANT: FUNDS FOR INCREASING WORK OPPORTUNITIES FOR WOMEN AND PROVIDING CHILDREN WITH ACTIVITIES AND SPACES TO LEARN & PLAY.

REGION: RAMALLAH, PALESTINE

(D) PURPOSE OF GRANT: FUNDS TO BUILD NETWORKS BETWEEN THE VARIOUS PALESTINIAN COMMUNITIES IN JERUSALEM.

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

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: EFFORTS TO HELP THE YOUTH IN 2000 WITH THE COMPLETION OF MANY COURSES, WORKSHOPS AND TO HELP THE NEEDY.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IN AN AREA DEEPLY IMPACTED BY WARFARE AND

**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.

GENDER-BASED VIOLENCE, ONE OF THE MISSIONS IS AIMED TO BUILD URBAN ENVIRONMENTS THAT SUPPORT ALL RESIDENTS, PARTICULARLY WOMEN AND CHILDREN.

REGION: UNITED KINGDOM

(D) PURPOSE OF GRANT: THE BRITAIN PALESTINE MEDIA CENTRE CONNECTS MEDIA PROFESSIONALS WITH PALESTINIANS - FROM ACADEMICS AND ARTISTS, TO HUMAN RIGHTS ACTIVISTS AND ORDINARY PEOPLE WITH EXTRAORDINARY STORIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SEEKS TO SUPPORT COMMUNITY DEVELOPMENT IN PALESTINE GENERALLY AND GAZA STRIP PARTICULARLY

REGION: EGYPT

(D) PURPOSE OF GRANT: INTERDENOMINATIONAL ORGANIZATION THAT EXISTS TO BRING PHYSICAL, PSYCHOLOGICAL AND SPIRITUAL HEALING TO POOR AND SUFFERING PEOPLE IN THE MIDDLE EAST.

SCHEDULE G
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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 NONE	(d) Total events (add col. (a) through col. (c))
		ONLINE STORE (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	73,463.		73,463.
	2	Less: Contributions	52,144.		52,144.
	3	Gross income (line 1 minus line 2)	21,319.		21,319.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	29,164.		29,164.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			29,164.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-7,845.

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  ▶

**3** Enter total number of other organizations listed in the line 1 table  ▶

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RAWA FUND MANAGEMENT EXPENSES	1	32,735.	0.	CASH	
RAWA FUND MANAGEMENT EXPENSES	1	34,489.	0.	CASH	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://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 .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	3	52,361.	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 V, 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.		

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

BETTER FOR THE 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 GAZA

-MADE GRANTS TO YOUTH VISION SOCIETY, FUTURE ASSOCIATION FOR  
DEVELOPMENT AND ENVIRONMENT, O PURCHASE AND DISTRIBUTE WARM CHILDREN'S  
CLOTHES, PLASTIC SHEETING FOR BROKEN WINDOWS FOR FAMILIES LIVING IN  
POVERTY IN GAZA.

-MADE GRANTS TO PALESTINIAN ASSOCIATION FOR DEVELOPMENT & HERITAGE TO  
PROVIDE HEALTHY MEALS TO CHILDREN IN KINDERGARTENS IN GAZA TO COMBAT  
MALNUTRITION

-MADE GRANTS TO AL TAGHREED ASSOCIATION, AL-FAJR PALESTINIAN YOUTH  
ASSOCIATION, FUTURE ASSOCIATION FOR DEVELOPMENT & ENVIRONMENT TO  
PURCHASE AND DISTRIBUTE BACKPACKS TO CHILDREN IN GAZA

-MADE GRANTS TO PALESTINIAN WOMEN'S HUMANITARIAN ORGANIZATION TO  
DISTRIBUTE WARM WINTER CLOTHES, OIL FOR HEATERS, AND FOOD PARCELS TO  
PALESTINIAN AND SYRIAN REFUGEE FAMILIES IN LEBANON.

-MADE A GRANT TO DAR ESSALAM HOSPITAL TO SPONSOR PEDIATRIC SURGERIES  
FOR CHILDREN IN GAZA

-MADE GRANTS TO THE LAND DEFENSE COALITION TO PLANT TREES IN PALESTINE

-MADE A GRANT TO NEVER STOP DREAMING ASSOCIATION TO PURCHASE AND  
DISTRIBUTE HYGIENE KITS FOR 1345 FAMILIES IN GAZA DURING AN OUTBREAK OF  
COVID-19

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

-PURCHASED A MOBILE ICU AMBULANCE AND DONATED IT TO THE UNION OF HEALTH WORK COMMITTEES IN GAZA

-CONTRACTED WITH DR. MONA EL-FARRA, WAFAA EL-DERAWI, ALI WIHAIDI AND WAED ABBAS TO OVERSEE OUR AID WORK IN PALESTINE.

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 2021-2022 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 NAMED AFTER EDWARD SAID 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.

-MADE GRANTS TO COMMUNITY TRAINING CENTER FOR CRISIS MANAGEMENT FOR A MENTAL HEALTH PROJECT TARGETING CHILDREN AND PARENTS IN GAZA

-MADE GRANTS TO YOUTH VISION SOCIETY FOR TWO BRANCHES OF THE EDWARD SAID LIBRARY IN GAZA & TO ORGANIZE A PROJECT TO COMBAT CHILD LABOR IN GAZA

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

-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 AUDIO AND VIDEO RECORDING FOR THEIR MUSIC, STORIES AND INTERVIEWS WITH ELDERS, AND COVER THEIR GENERAL OPERATING EXPENSES.

-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 AND TO RUN A FREE SUMMER CAMP.

-MADE A GRANT TO BEIT LAHIA YOUTH ASSOCIATION TO BUILD A PLAYGROUND AND CYCLING TRACK FOR CHILDREN IN BEIT LAHIA VILLAGE

-MADE GRANTS TO AL JALIL ASSOCIATION AND PALESTINIAN WOMEN'S HUMANITARIAN ORGANIZATION FOR INFORMAL SCHOOLS, FIELD TRIPS, AND HUMAN RIGHTS WORKSHOPS FOR MORE THAN 250 CHILDREN WHO ARE REFUGEES FROM SYRIA LIVING IN LEBANON AND CAN'T ATTEND LOCAL PUBLIC SCHOOLS

-MADE GRANTS TO RIWAQ CENTER FOR ARCHITECTURE FOR THE SPACES FOR SOCIAL CHANGE FUND TO BUILD PLAYGROUNDS IN PALESTINIAN VILLAGES AND FOR RESTORATION OF A BUILDING TO HOUSE BASMA SOCIETY FOR CULTURE & ARTS IN GAZA CITY

-MADE A GRANT TO AL-AMAL INSTITUTE FOR AFTERSCHOOL TUTORING PROJECTS FOR ORPHANS AND CHILDREN IN REMOTE AREAS

-MADE GRANTS TO THE LAND DEFENSE COALITION, RURAL WOMEN'S ASSOCIATION, PALESTINIAN WOMEN'S HUMANITARIAN ORGANIZATION FOR SUMMER CAMPS

-MADE A GRANT TO PALESTINIAN MUSIC CENTER FOR CULTURE TO ORGANIZE A CHILDREN'S CHOIR IN GAZA

-MADE A GRANT TO BALADNA ASSOCIATION FOR ARAB YOUTH TO ORGANIZE CHILDREN AND YOUTH ACTIVITIES IN THEIR CENTER IN NAZARETH & FOR LEGAL SUPPORT FOR PALESTINIAN CHILDREN

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

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 2021-2022 MECA:

-INSTALLED 7 NEW WATER PURIFICATION UNITS TO PROVIDE SAFE, CLEAN WATER TO CHILDREN IN GAZA

-PROVIDED WATER TANKS FOR A UN SCHOOLS IN DHEISHEH REFUGEE CAMP THAT HAD NO RUNNING WATER FOR ONE MONTH

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

-ORGANIZED EDUCATIONAL AND ART ACTIVITIES RELATED TO WATER RIGHTS IN GAZA SCHOOLS

-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.

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

ABOUT PALESTINIAN CHILDREN INTO THEIR CLASSROOMS.

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

-PRINTED AND MAILED EDUCATIONAL NEWSLETTERS

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

-MADE GRANTS TO DALIA ASSOCIATION, YOUTH VISION SOCIETY, PALESTINE

WOMEN'S HUMANITARIAN ORGANIZATION, GRASSROOTS JERUSALEM, SHORUQ

ORGANIZATION, AND BRITAIN PALESTINE MEDIA CENTRE FOR EDUCATIONAL AND

CULTURAL PROGRAMMING IN PALESTINE INCLUDING FILM FESTIVALS, YOUTH MEDIA

PLATFORMS, AND THEATRE PRODUCTIONS

-CONTRACTED WITH EXPERTS TO OVERSEE OUR EDUCATIONAL WORK IN THE US AND

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 2021-2022 MECA:

-PURCHASED CRAFTS FROM PALESTINIAN ARTISANS AND COOPERATIVES TO PROVIDE

INCOME FOR FAMILIES AND TO RAISE FUNDS FOR MECA'S PROJECTS

-MADE GRANTS TO GAZA URBAN AGRICULTURE PLATFORM FOR SUPPORTING WOMEN'S

AGRIPENEURS WITH TECHNICAL AND FINANCIAL SUPPORT

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

Name of the organization

MIDDLE EAST CHILDREN'S ALLIANCE

Employer identification number

94-3074600

ANNUALLY. THE BOARD OF DIRECTORS REGULARLY REVIEW THE POLICY WITH THE EMPLOYEES AND ENCOURAGES THE REPORTING OF ANY AND ALL SUSPICIOUS TRANSACTIONS.

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 PRECENT 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.



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

Schedule R (Form 990) 2021

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	34,213.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

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

Additional information. See instructions. FEIN **94-3074600**

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

City **BERKELEY** State **CA** ZIP code **94710**

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

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources \$</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS</p>
---	---

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	281,385	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	3,734,559	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	4,015,944	00
	5	Cost of goods sold <b>STMT 3 STMT 2</b>	5	166,752	00
	6	Cost or other basis, and sales expenses of assets sold	6	7,700	00
	7	Total costs. Add line 5 and line 6	7	174,452	00
	8	Total gross income. Subtract line 7 from line 4	8	3,841,492	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,635,808	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	205,684	00
<b>Filing Fee</b>	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	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

**Sign Here** 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 **EXECUTIVE DIRE** Title Date Telephone **510-548-0542**

Preparer's signature Date Check if self-employed  PTIN **P01344949**

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address **SENSIBA LLP** Firm's FEIN **94-2370906**

**5960 INGLEWOOD DR., SUITE 201** Telephone **925-271-8700**

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.

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	246,919	00
	2	Interest	•	2	32,944	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) <b>STATEMENT 4</b>	•	6	0	00
	7	Other income <b>SEE STATEMENT 5</b>	•	7	1,522	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	281,385	00
	9	Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 6</b>	•	9	2,415,586	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 7</b>	•	11	138,750	00
	12	Other salaries and wages	•	12	547,753	00
	13	Interest	•	13		00
	14	Taxes	•	14	50,344	00
	15	Rents	•	15	24,724	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements <b>SEE STATEMENT 8</b>	•	17	458,651	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,635,808	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		3,133,564		2,193,144
2 Net accounts receivable				500
3 Net notes receivable <b>STMT 9</b>				34,213
4 Inventories		134,009		106,429
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments <b>STMT 10</b>		3,311,993		3,922,185
10 a Depreciable assets	33,085		33,085	
b Less accumulated depreciation	(33,085)		(33,085)	
11 Land				
12 Other assets <b>STMT 11</b>		10,502		49,745
13 <b>Total assets</b>		6,590,068		6,306,216
<b>Liabilities and net worth</b>				
14 Accounts payable		571,985		238,221
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 12</b>		192,084		192,215
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,825,999		5,875,780
22 <b>Total liabilities and net worth</b>		6,590,068		6,306,216

**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	•	49,781	7	Income recorded on books this year not included in this return. Attach schedule *	•	-155,903
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	-155,903
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	205,684
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5	•	49,781				

\* SEE STATEMENT

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

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DENISE ABRAMS	1515 ARCH ST BERKELEY, CA 94708	06/30/22	10,000.
DAVID EIFLER	2218 SAN PABLO AVE BERKELEY, CA 94702	06/30/22	10,000.
CHARLIE FISHER	PO BOX 1163 WOODACRE, CA 94973	06/30/22	5,000.
HASSAN AND MARGARET FOUDA	608 SAN LUIS RD BERKELEY, CA 94707	06/30/22	10,510.
NIZAR AND VALERIE GHOSSAINI	7331 TILDEN LN NAPLES, FL 34108	06/30/22	20,000.
JOSEPH HAJJAR	26 SUNDOWN PKWY AUSTIN, TX 78746	06/30/22	5,000.
LANNAN FOUNDATION	313 READ ST SANTA FE, NM 87501	06/30/22	223,500.
LITTLE ACORN FUND - M	3796 I STREET EXT PETALUMA, CA 94952	06/30/22	5,000.
BETTY AND GARY MASSONI	1411 NE GRANGER AVE CORVALLIS, OR 97330	06/30/22	10,000.
MARY NORTON	2105 BALTUSROL DR AUSTIN, TX 78747	06/30/22	8,000.
OPEN SOCIETY FOUNDATION	530 BUSH ST, STE 1000 SAN FRANCISCO, CA 94108	06/30/22	200,000.
NORMAN AND MARCELLA PEDERSEN	608 STARLIGHT CREST DRIVE LA CANADA, CA 91011	06/30/22	20,500.
ROCKEFELLER BROTHERS FUND	475 RIVERSIDE DR RM 900 NEW YORK, NY 10115	06/30/22	75,000.
JALAL AND GABRIELLE SAAD	5341 GOLDEN GATE AVE OAKLAND, CA 94618	06/30/22	11,055.
HAITHAM AND REBECCA SALAWDEH	7119 W NORTH AVE MILWAUKEE, WI 53213	06/30/22	20,000.
TREE OF LIFE EDUCATION FUND, INC.	2 FERRY RD OLD LYME, CT 06371	06/30/22	8,604.

MIDDLE EAST CHILDREN'S ALLIANCE			94-3074600
ZAM ZAM WATER	PO BOX 5473 RICHMOND, CA 94805	06/30/22	10,270.
ALLIANCE GRAPHICS	1101 8TH ST STE 100 BERKELEY, CA 94710	06/30/22	40,000.
MEDEA BENJAMIN	7601 NE MIAMI CT MIAMI, FL 33138	06/30/22	10,000.
CULTURES OF RESISTANCE NETWORK FOUNDATION	400 SYLVAN AVE STE 111 C/O PARK & KIM CPA PC ENGLEWOOD CLIFFS, NJ 07632	06/30/22	10,000.
WADIE & VERA KHADDER	1414 KNOWLTON DR SUNNYVALE, CA 94087	06/30/22	5,000.
JILL DIANE KIRSHNER	24895 PIONEER WAY NW POULSBO, WA 98370	06/30/22	17,000.
OMAR KODMANI	517 SHEFFIELD TERRACE LONDON UNITED KINGDOM W87NG	06/30/22	11,000.
ARSHAD & LAVANYA NOOR	10846 VIA SAN MARINO CUPERTINO, CA 95014	06/30/22	5,000.
IYAD OMARI	81 KINGSTON HOUSE SOUTH ENNISMORE GARDENS LONDON UNITED KINGDOM SW71NG	06/30/22	10,000.
BOTHANIA SALAMA	1666 KENSINGTON AVE LOS ALTOS, CA 94024	06/30/22	28,862.
BRIAN SWANSON	335 CHURCH ST C/O ALICE ROWAN SWANSON FOUNDATION NORTHBOROUGH, MA 01532	06/30/22	5,000.
HESHAM ALALUSI	1945 JOSEPH DRIVE MORAGA, CA 94556	06/30/22	8,400.
FRANK AND BLYTHE BALDWIN	149 PINE TREE RD ITHACA, NY 14850	06/30/22	12,100.
CONSTANCE BERNSTEIN	19 DIVISADERO ST SAN FRANCISCO, CA 94117	06/30/22	22,567.
HENRY AND KATHLEEN CHALFANT	273 HICKS ST BROOKLYN, NY 11201	06/30/22	9,000.
GIVELIGHT FOUNDATION	1879 LUNDY AVE STE 226 SAN JOSE, CA 95131	06/30/22	11,275.
MARY HOUSE	C/O PARKVIEW ASSISTED LIVING 10801 NE WEIDLER ST #203 PORTLAND, OR 97220	06/30/22	21,000.



MIDDLE EAST CHILDREN'S ALLIANCE			94-3074600
REBECCA ITZKOWICH	911 REBA PL EVANSTON, IL 60202	06/30/22	12,000.
RICK ITZKOWICH	911 REBA PL EVANSTON, IL 60202	06/30/22	12,000.
CARLA ITZKOWICH	6351 SWAINLAND RD OAKLAND, CA 94611	06/30/22	12,000.
TAREK JALLAD	SAIFI CROWN BLDG, 16TH FLOOR BEIRUT SYRIA 1202	06/30/22	5,000.
PATRICIA LEISER	69882 MEADOW VIEW RD SISTERS, OR 97759	06/30/22	30,000.
PALIROOTS	3562 MOUNT ACADIA BLVD SAN DIEGO, CA 92111	06/30/22	34,025.
KAREN PETERSON	116 GREENRIDGE DR HORSEHEADS, NY 14845	06/30/22	5,000.
MARTHA AND DAVID SCHUBERT	2245 HARCOURT DR CLEVELAND, OH 44106	06/30/22	5,312.
SCOTT HANDLEMAN	2428 RUSSELL ST BERKELEY, CA 94705	06/30/22	48,859.
JOSEPH SHAHDA	PO BOX 66613 HOUSTON, TX 77266	06/30/22	20,000.
GENIE SILVER	1203 YARMOUTH RD WYNNEWOOD, PA 19096	06/30/22	6,000.
SPARKPLUG FOUNDATION	PO BOX 20956 PARK PARK WEST FINANCE STATION NEW YORK, NY 10025	06/30/22	37,500.
WE TRUST (ARAGON TRUST COMPANY TTEE)	190 ELGIN AVENUE GEORGETOWN UNITED KINGDOM PA4PLX	06/30/22	70,770.
KHALED ALAMI	1101 8TH STREET SUITE 100 BERKELEY, CA 94710	06/30/22	9,966.
SIRIN MASRI	1101 8TH STREET SUITE 100 BERKELEY, CA 94710	06/30/22	20,000.
PATRICIA ANN ABRAHAM	330 CONCORD ST APT 4B CHARLESTON, SC 29401	06/30/22	17,663.
ASHRAF AWAD	14110 BEAR CREEK RD NE WOODINVILLE, WA 98077	06/30/22	12,200.
WESLEY CALLENDER	1088 MANNING ST GREAT FALLS, VA 22066	06/30/22	10,000.
FIREROLL FOUNDATION	318 MAVERICK CT LAFAYETTE, CA 94549	06/30/22	30,000.

## MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

GOOGLE, INC.	PO BOX 8809 PRINCETON, NJ 08543	06/30/22	18,087.
RAY HAJ	795 STANLEY AVE LONG BEACH, CA 90804	06/30/22	23,000.
HANI KALOUTI	2-4 PLACE DE LONGEMALLE GENEVA SWITZERLAND 1201	06/30/22	5,000.
ORCHARD HOUSE FOUNDATION	6185 FRANKTOWN RD WASHOE VALLEY, NV 89704	06/30/22	15,000.
NABIL QADDUMI	1101 8TH ST STE 100 BERKELEY, CA 94710	06/30/22	10,000.
LAILA SALEH BAKER	11331 MOTHER LODE CIR GOLD RIVER, CA 95670	06/30/22	10,000.
ALBER SALEH	PO BOX 1791 SONOMA, CA 95476	06/30/22	25,000.
TIDES FOUNDATION	PO BOX 29903 SAN FRANCISCO, CA 94129	06/30/22	50,000.
BASHAR ABOUSEIDO	11632 N 128TH PL SCOTTSDALE SCOTTSDALE, AZ 85259	06/30/22	5,000.
MOHANAD ALSAYED	7 FOXCREST IRVINE, CA 92620	06/30/22	5,000.
ASNIS TRUST	844 ROCKAWAY BEACH AVE PACIFICA, CA 94044	06/30/22	10,000.
DANIELE BERGLAR-STIFTUNG	FRIEDRICH-SCHMIDT STR. 50A COLOGNE GERMANY 50933	06/30/22	14,573.
CHARLES BROUSSE	31 CORTE ORTEGA APT 24 GREENBRAE, CA 94904	06/30/22	6,215.
CENTER FOR ARAB AMERICAN PHILANTHROPY	2651 SAULINO CT C/O CENTER FOR ARAB AMERICAN PHILANTHROPY DEARBORN, MI 4812	06/30/22	100,000.
DEBORAH CONDON	2009 G ST SACRAMENTO, CA 95811	06/30/22	5,075.
DIOCESE OF OLYMPIA	1551 10TH AVE E SEATTLE, WA 98102	06/30/22	10,672.
DEBORAH DOUGLAS	302 E. CORONADO RD SANTA FE, NM 87505	06/30/22	5,000.
EDNA WARDLAW CHARITABLE TRUST	1414 RALEIGH RD STE 130 CHAPEL HILL, NC 27517	06/30/22	7,000.

## MIDDLE EAST CHILDREN'S ALLIANCE

94-3074600

NANCY FLEISCHER	PO BOX 161117 SACRAMENTO, CA 95816	06/30/22	10,000.
FELICE GELMAN	65 SAINT PAUL RD RED HOOK, NY 12571	06/30/22	6,500.
JANICE GONSALVES	41 TERESITA BLVD SAN FRANCISCO, CA 94127	06/30/22	6,106.
RAOUF & RACHEL HALABY	93 PINNACLE DR ARKADELPHIA, AR 71923	06/30/22	25,152.
SAMIA HALABY	103 FRANKLIN ST APT 2 NEW YORK, NY 10013	06/30/22	8,000.
HOLDING HANDS FOR THE EARTH FOUNDATION	PO BOX 370395 MONTARA, CA 94037	06/30/22	5,000.
MARY ISHAM	144 ANDOVER ST SAN FRANCISCO, CA 94110	06/30/22	12,159.
SALEH JADA	57 N MORLEY AVE NOGALES, AZ 85621	06/30/22	5,000.
KARL JAENSCH	1071 FULTON AVE APT 229 SACRAMENTO, CA 95825	06/30/22	50,000.
ADAM KHAN	25 MARK TER BELVEDERE TIBURON, CA 94920	06/30/22	5,000.
NANCY LAPP	4625 5TH AVE APT 805 PITTSBURGH, PA 15213	06/30/22	5,000.
SALLY LEWIS	PO BOX 10517 OAKLAND, CA 94610	06/30/22	15,000.
PHILIP MALDARI	794 65TH STREET OAKLAND, CA 94609	06/30/22	9,253.
MATTHEW MALY	5545 WOODLAWN AVE N SEATTLE, WA 98103	06/30/22	5,000.
MARIPOSA FUND	PO BOX 334 MARIPOSA, CA 95338	06/30/22	15,000.
SAHAR MASUD	38 MILLER AVE PMB 515 MILL VALLEY, CA 94941	06/30/22	90,000.
VIRGINIA MEAGHER	1902 PATTON AVE JACKSON, KY 41339	06/30/22	5,000.
NORCAL FRIENDS OF SABEEL TRUST	552 NORTH ST OAKLAND, CA 94609	06/30/22	8,250.

MIDDLE EAST CHILDREN'S ALLIANCE			94-3074600
PALO ALTO NETWORKS FOUNDATION	3000 TANNERY WAY CA 95054	SANTA CLARA, 06/30/22	12,500.
SAMUEL PETERSON	605 RIDGE RD	HAMDEN, CT 06517 06/30/22	5,014.
DIANA RODGERS	20 STONEWALL RD 94705	BERKELEY, CA 06/30/22	10,000.
KAREN SAUNDERS	1193 AMES HILL ROAD BRATTLEBORO, VT 05301	06/30/22	5,000.
ERIK SCHUTTER	1201 BRICKYARD WAY APT 404 RICHMOND, CA 94801	06/30/22	20,000.
PAULA SIMON	11 POTTER DRIVE OLD GREENWICH, CT 06870	06/30/22	5,500.
JULIE STAROBIN	211 MANOR DRIVE PACIFICA, CA 94044	06/30/22	6,500.
THE JERUSALEM FUND	2425 VIRGINIA AVE NW WASHINGTON, DC 20037	06/30/22	5,500.
KARIN THOMSEN	HFDAVEGI 17 HUSA ICELAND IS540	06/30/22	5,100.
THOMAS VAN THIEL	2519 OAKES DR 94542	HAYWARD, CA 06/30/22	5,000.
KAMAL YASSIN	431 CAMILLE CIR UNIT 15 JOSE, CA 95134	SAN 06/30/22	5,000.
AMIR ZEGAR	5080 FIELDWOOD DR 77056	HOUSTON, TX 06/30/22	5,000.
ZEITOUN FAMILY CHARITABLE FUND	C/O SCHWAB CHARITABLE 211 MAIN ST SAN FRANCISCO, CA 94105	06/30/22	10,000.
SBA PPP LOAN FORGIVENESS	409 THIRD ST SW, SUITE 8000 WASHINGTON, DC 20416	06/30/22	110,490.
KAMIL SHIHA	1101 8TH ST STE 100 CA 94710	BERKELEY, 06/30/22	5,300.
TOTAL INCLUDED ON LINE 3			<u>2,102,884.</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 . . . . .		134,009
2. MERCHANDISE PURCHASED. . . . .	98,820	
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .	40,352	
6. ADD LINES 1 THROUGH 5 . . . . .		273,181
7. INVENTORY AT END OF YEAR . . . . .		106,429
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		166,752

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CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

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DESCRIPTION

AMOUNT

FREIGHT

40,352.

TOTAL INCLUDED ON FORM 199, PART I, LINE 5

40,352.

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CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	4
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	7,700.	0.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	7,700.	0.	0.	0.

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CA 199	OTHER INCOME	STATEMENT	5
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DESCRIPTION	AMOUNT
EDUCATION - BOOK ROYALTIES	1,522.
TOTAL TO FORM 199, PART II, LINE 7	1,522.

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

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## 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	97,700.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAAD MANAF ABBAS	ZUGHAI R ST, KUFOR AQAD - RAMALLAH, ISRAEL	NONE	14,223.

<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	13,300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GHADA SK MANSI	GAZA STRIP, GAZA, PALESTINE - PALESTINE, ISRAEL	NONE	12,100.

<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	280,280.

<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	30,100.

<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	40,005.



<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DALIA ASSOCIATION	RAMALLAH TAHTA RAMALLAH, PALESTINE - PALESTINE, ISRAEL	NONE	100,000.

<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	92,839.

<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	253,280.

<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	76,760.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAND DEFENSE COALITION	UM ASHARAT, RAMALLAH - PALESTINE, ISRAEL	NONE	19,517.

<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	38,060.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL AMAL INSTITUTE FOR ORPHANS	AL WEHDA STREET, GAZA - PALESTINE, ISRAEL	NONE	8,275.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH VISION SOCIETY	AL NASSAR STREET, GAZA - PALESTINE, ISRAEL	NONE	179,528.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GAZA URBAN AGRICULTURE PLATFORM	OMAR MUKHTAR STREET, GAZA CITY - PALESTINE, ISRAEL	NONE	34,160.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RURAL WOMAN'S ASSOCIATION	VILLAGE COUNCIL, SUSIYA SOUTH HEBRON WEST BANK PALESTINE - PALESTINE, ISRAEL	NONE	25,006.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DAR ESSALAM HOSPITAL	KHAN YOUNIS, GAZA - PALESTINE, ISRAEL	NONE	39,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRASSROOTS JERUSALEM	RAMALLAH - PALESTINE, ISRAEL	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL TAGHREED ASSOCIATION	AL MASRYEEN STREET, BEIT HANOUN, GAZA - PALESTINE, ISRAEL	NONE	29,159.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARD EL INSAN PALESTINIAN BENEVOLENT ASSO	FAITHI NASSER, AL NASSER STREET, GAZA CITY - PALESTINE, ISRAEL	NONE	139,221.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALESTINE MUSIC CENTER	BARCELONA STREET, TEL EL HAWA, GAZA - PALESTINE, ISRAEL	NONE	17,114.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OTHER MISC. DONATIONS	1101 8TH ST NO. 100 - BERKELEY, CA 94710	NONE	8,843.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY SCHOLARSHIPS	VARIOUS - PALESTINE, ISRAEL	NONE	118,049.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL JALIL ASSOCIATION	AL JALIL ASSOCIATION CJC KAMEIL SHAMOUN STREET - BAALBECK, LEBANON	NONE	19,992.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL ZAWAHRA WOMEN'S SOCIETY CENTER	FATIMA ALA RASHED ALBURJIA - PALESTINE, ISRAEL	NONE	12,920.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BALADNA ASSOC FOR ARAB YOUTH	PO BOX 99604, HABANKIM 18 HAIFA 31996 - PALESTINE, ISRAEL	NONE	37,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIRAJ ALQUDS SCHOOL	IKHWAN AL-SAFA 36 WAD ALJOZ - PALESTINE, ISRAEL	NONE	2,688.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALI WIHAIDI	GAZA - PALESTINE, ISRAEL	NONE	5,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL-FAJR PALESTINIAN YOUTH ASSOCIATION	ALAHAM BUILDING EAST ROAD, KHAN YOUNIS - PALESTINE, ISRAEL	NONE	30,000.

<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	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEIT LAHIA YOUTH ASSOCIATION CENTER	AL SHIMA STREET BEIT LAHIA, GAZA - PALESTINE, ISRAEL	NONE	55,350.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRITAIN PALESTINE MEDIA CENTRE	208 MILL ROAD - CAMBRIDGE, UNITED KINGDOM	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUTURE ASSOCIATION FOR DEVELOPMENT/ENVIR	TARIQ BIN ZIYAD ST - PALESTINE, ISRAEL	NONE	117,990.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDICAL HOME	4 ELNASR STREET, NASR CITY - CAIRO, EGYPT	NONE	67,017.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDIPAL	GAZA - PALESTINE, ISRAEL	NONE	3,169.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S HUMANITARIAN ORGANIZATION	AL GHADER BLDG, ABED NASSAR STREET - BEIRUT, LEBANON	NONE	186,014.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KHALIL GHARRA	AUM AL-SHARAYET 32, RAMALLAH - PALESTINE, ISRAEL	NONE	28,343.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAMER SHTAYYEH	AL YOUCOUBI ST 11 - PALESTINE, ISRAEL	NONE	50,994.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOHEIR ASSAD	BRACHA HAVAS 14 - HAIFA, ISRAEL	NONE	20,347.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLLEEN JANKOVIC	1752 NW MARKET ST #426 - SEATTLE, WA 98107	NONE	32,735.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOUKHTAR KOCACHE	415 WEST 55TH STREET #1A - NEW YORK, NY 10019	NONE	34,489.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAIS ALSAQQA	GAZA - PALESTINE, ISRAEL	NONE	20,779.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAJD KAYYAL	SHNAYEIM B'NOVEMBER18 - HAIFA, ISRAEL	NONE	6,390.

TOTAL FOR THIS ACTIVITY 2,415,586.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,415,586.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
ZEIAD ABBAS SHAMROUCH 1101 - 8TH ST., 100 BERKELEY, CA 94710	EXECUTIVE DIRECTOR 40.00	138,750.
MICHEL SHEHADEH 1101 - 8TH ST., 100 BERKELEY, CA 94710	PRESIDENT 3.00	0.
JOS SANCES 1101 - 8TH ST., 100 BERKELEY, CA 94710	SECRETARY 2.00	0.
SHERRY GENDELMAN 1101 - 8TH ST., 100 BERKELEY, CA 94710	VICE-PRESIDENT 2.00	0.
JUMANA MUWAFI 1101 - 8TH ST., 100 BERKELEY, CA 94710	DIRECTOR 3.00	0.

SAMI KITMITTO 1101 - 8TH ST., 100 BERKELEY, CA 94710	DIRECTOR 2.00	0.
HOWARD LEVINE 1101 - 8TH ST., 100 BERKELEY, CA 94710	TREASURER 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>138,750.</u>

CA 199	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	AMOUNT
FUNDRAISING FEES	65,982.
PRINTING	46,318.
WEBSITE	17,548.
SUPPLIES	13,684.
DIRECT EXPENSES OF FUNDRAISING EVENTS	29,164.
OTHER EMPLOYEE BENEFITS	57,932.
LEGAL FEES	21,233.
ACCOUNTING FEES	34,600.
OTHER PROFESSIONAL FEES	119,761.
ADVERTISING AND PROMOTION	1,920.
TRAVEL	16,351.
CONFERENCES AND CONVENTIONS	2,302.
INSURANCE	5,267.
ALL OTHER EXPENSES	26,589.
TOTAL TO FORM 199, PART II, LINE 17	<u>458,651.</u>

CA 199	NET NOTES RECEIVABLE	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	0.	34,213.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	<u>0.</u>	<u>34,213.</u>

CA 199	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVESTMENT IN ALLIANCE GRAPHICS, INC.		51,587.	51,587.
OTHER PUBLICLY TRADED SECURITIES		3,260,406.	3,870,598.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		3,311,993.	3,922,185.

CA 199	OTHER ASSETS	STATEMENT	11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		3,549.	49,745.
EMPLOYEE RECEIVABLE		6,953.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		10,502.	49,745.

CA 199	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PPP/EIDL LOAN		192,084.	0.
GRANTS PAYABLE		0.	192,215.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		192,084.	192,215.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	13
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON SECURITIES		-155,903.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-155,903.	



TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>MIDDLE EAST CHILDREN'S ALLIANCE</b>	<b>94-3074600</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>4,015,944</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>3,841,492</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>3,635,808</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

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

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> 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 2021 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 to 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.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>EXECUTIVE DIRECTOR</b>

**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, 2021 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.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01344949</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>SENSIBA LLP</b> <b>5960 INGLEWOOD DR., SUITE 201</b> <b>PLEASANTON, CA</b>			Firm's FEIN <b>94-2370906</b> ZIP code <b>94588</b>

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.

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

<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</p> <p><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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 3,812,328 Noncash Contributions \$ 52,361 Total Assets \$ 6,306,216  
 Program Expenses \$ 2,862,245 Total Expenses \$ 3,606,644

**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.**

ZEIAD ABBAS SHAMROUCH      EXECUTIVE DIRECTOR  
 Signature of Authorized Agent      Printed Name      Title      Date