Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

, and ending For the 2022 calendar year, or tax year beginning C Name of organization Facts and Logic About the D Employer identification number Check if applicable: Middle East, Inc. Address change 94-3092706 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number PO Box 3460 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CA 94703 Berkeley G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending James Sinkinson H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or www.factsandlogic.org H(c) Group exemption number Website: X Corporation Trust Association M State of legal domicile: Form of organization: Year of formation: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Advertise in media to publicize facts, information, and opinions about the Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** 1,061,212 648,033 8 Contributions and grants (Part VIII, line 1h) Revenue 0 9 Program service revenue (Part VIII, line 2g) 22,684 21,998 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,083,896 670,031 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 77,701 76,925 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 450,681 630,555 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 528,382 707,480 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 555,514 -37,44919 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 402,680 255,842 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 402,680 255,842 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign Here James Sinkinson President Type or print name and title Print/Type preparer's name Preparer's signature Date \mathbf{X} if Check Paid P01085071 Joshua S. Goldman, CPA Preparer Mermel-Goldman, CPAs, 84-2904218 Firm's name Firm's EIN Use Only 2835 N Sheffield Ave Ste 311 Chicago, IL 60657-5084 773-525-1778 Phone no. May the IRS discuss this return with the preparer shown above? See instructions X Yes

1 Dictify describe the agranation's mission. Advertise in media to publicize facts, information, and opinions about the Middle East. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 980-E27 17 Yes. (28 No. 17 Yes.) (28 No. 18 No. 18 No.	Р	art III	Statement of Program Check if Schedule O				III	
prior Form 950 or 950-EZ? If Yes X No If Y	2	Advert	ise in media t	o publicize		information	, and opinions	about the
prior Form 950 or 950-EZ? If Yes X No If Y								
March describe these new services on Schedule O Subdiversity	2			nificant program servi	ces during the ye	ear which were not listed	d on the	Yes X No
services? 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(A)3 and 501(A)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each ropgram service reported. 4a (Code: } (Expenses \$ 615,413 including grants of \$) (Revenue \$ Advertise in media to publicize facts, information, and opinions about the Middle East. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes," d	lescribe these new services of					· · · · · · · · · · · · · · · · · · ·
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u>X</u>
12a		42-		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D		12b		x
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	District the List of Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
Ŋ	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>

	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			77
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h		24b		12
b b	District the second of the sec			1
Ū	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	·····		
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	00		x
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			l
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	1	Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		105	140
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		X

_P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		γ	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		· · · · · · · · · · · · · · · · · · ·	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	†	X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Forr		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			.		
•	sponsoring organization have excess business holdings at any time during the year?	ti	•	8		125 00 00 00 00 00
9	Sponsoring organizations maintaining donor advised funds.			· -		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
b 10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b 14	Section 501(c)(12) organizations. Enter:	100				
11		11a				
d h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	IIa				
b	against amounts due or received from them.)	11b				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	1201				
13	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			1Ja		
h						
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b				
_	the organization is licensed to issue qualified health plans	13c				
C	Enter the amount of reserves on hand	130		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> to the costion 4060 tox on payment(s) of more than \$1,000,000 in remuneration.			14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral	uon or		4.5		v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	_		40		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		X
_	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities the section 501(c)(21) organizations.					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.				1	

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

Sec	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	•		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	X	ĺ
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form	n?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				i l	
	describe on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		<u>X</u>
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?			16b		
Sec	tion 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 (see	ction 50	1(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X 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 inter-	est polic	y,			
	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 recor	ds				
Ja	mes Sinkinson Elisha Hanavi 10-16					
Mo	di'in IS 717	3519				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo off	x, unl ficer a	Pos check ess pe ind a c	erson directo	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) James Sinkinson									
	20.00	x		x			76,925	o	0
President (2) Aliza Nogradi	0.00	^	-	A			16,923	0	0
(2)11111111 110911111	1.00								
Secretary	0.00	X		X			0	0	0
(3) Ira Ross									
	1.00								
Director	0.00	X			ļ		0	0	0
(4) Susan Ross	1.00								
Director	0.00	x					0	0	0
(5) Jaclyn Schiff								V	
-	1.00						·		
Director	0.00	X					0	0	0
(6)									•
(7)									
(8)									
(9)									
(10)									
(11)									
							<u> </u>		

Pa	art VII Section A. Officers	s, Directors, Tru	ıste	es, K	ey E	mpl	oye	es, a	and Highest Compensated	Employees (continued)	
(A) Name and title		(B) Average hours per week	bo of	ox, unl ficer a	Pos check ess pe and a c	erson directo	than is both or/trusi	n an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	Subtotal								76,925		
c d	Total from continuation shee Total (add lines 1b and 1c)								76,925		
2	Total number of individuals (ind	cluding but not lin	mited	d to t	hose	liste	ed at	oove	e) who received more than \$	100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ector ule J	trus	such	indi	vidua	al			Yes No
4 5	For any individual listed on line organization and related organ individual Did any person listed on line 1a	izations greater t	than	\$150	0,000)? <i>If</i>	"Yes	s," co	omplete Schedule J for such) 	4 X
	for services rendered to the org							-	_		5 X
Sect 1	ion B. Independent Contractor Complete this table for your five	VALUE IN COLUMN TO A STATE OF THE STATE OF T	nsat	ed in	idene	-nde	ent co	ontra	actors that received more the	an \$100 000 of	
	compensation from the organiz	ation. Report co	mpe	nsati	ion fo	or the	e cal	enda	ar year ending with or within	the organization's tax yea	
	Name and I	(A) business address							Descripti	(B) ion of services	(C) Compensation

2	Total number of independent or							hose	e listed above) who	0	

		Check i	f Sch	edule O cont	tains a	respo	nse or note	to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	aigns		1a						
oun	b	Membership du	-		1b						
Ĕ,	С	Fundraising eve	nto		1c						
ar /	d	Related organiz			1d						
s, mil	е	Government grants (co			1e						
lon Si	f	All other contributions,	gifts, gra	ants,	4.		C40 022				
but the	~	and similar amounts no Noncash contributions			1f		648,033				
20	9	lines 1a-1f			1g	\$					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f					648,033			
							Business Code				
a,	2a										
2	b										
in Se	С										
e a	d										
Program Service Revenue	е										
	f	All other program									
	g	Total. Add lines	2a-2f								,
	3	Investment inco	me (in	cluding dividend	ls, intere	est, and					
		other similar am	ounts)					26,208	26,208		
	4	Income from inv	estme								
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
1	С	Rental inc. or (loss)	6c								
l	_d	Net rental incom	e or (l	oss)							
ı	7a	7a Gross amount from sales of assets (i) Securities		3	(ii) Other					
		other than inventory	7a		6						
e	b	Less: cost or other			l						
Other Revenue		basis and sales exps.	7b		,216						
Se ∣	С	Gain or (loss)	7с	-4	<u>,210</u>						
je	d	Net gain or (loss)		ببننج			-4,210	-4,210		
₹∣	8a	Gross income from	fundrai	sing events							
		(not including \$									
		of contributions rep		n line							
		1c). See Part IV, Iir	ie 18		8a						
		Less: direct expe			8b						
		Net income or (lo			events .						
l	9a	Gross income from									
		activities. See Pa	art IV,	line 19	9a						
		Less: direct expe			9b						
1		Net income or (lo			ities						
	10a	Gross sales of in		-							
		returns and allov			10a						
		Less: cost of goo			10b						
\dashv	С	Net income or (lo	oss) fro	om sales of inve	ntory		15				
3							Business Code				
ne S	11a										
Revenue	b										
Re	С										
Ē		All other revenue									
		Total revenue						670,031	21,998	0	C
	40										

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a resp			plete column (A).	
		(A)	(B)	(c)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1800-000 W.S.	
J	trustees, and key employees	76,925	50,001	7,693	19,231
6	Compensation not included above to disqualified			. ,	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•					
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b	• • • • • • • • • • • • • • • • • • • •	5,400		5,400	
C	Accounting	3,400		3,400	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees		****		
g	,				
	(A) amount, list line 11g expenses on Schedule O.)	F2 600			F2 600
12	Advertising and promotion	52,680 681		681	52,680
13	Office expenses	991		901	
14	Information technology				
15	Royalties				
16	Occupancy	482	482		
17	Travel	402	402		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,294		1,294	
23	Insurance	1,294		1,294	
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.)	547,111	547,111		
а	Educational materials		9,403		
b	Supplies	9,403 7,407	6,666		741
С	Web services		0,000		2,811
d	All other	2,811	1 750	1,536	2,811
	All other expenses	3,286	1,750 615,413	16,604	75,463
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	707,480	015,413	10,004	13,463
20	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 454,073 380,609 Cash-non-interest-bearing 375,131 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 7,750 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 10b **b** Less: accumulated depreciation 940,857 500,102 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,402,680 1,255,842 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,402,680 27 1,255,842 Net assets without donor restrictions 27 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,402,680 1,255,842 32 Total net assets or fund balances 1,402,680 1,255,842 Total liabilities and net assets/fund balances ... 33

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets		***************************************	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			031
2	Total expenses (must equal Part IX, column (A), line 25)			480
3	Revenue less expenses. Subtract line 2 from line 1	~~~~		449
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			680
5	Net unrealized gains (losses) on investments		09,	389
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	1,2	55,	842
Pa	rt XII Financial Statements and Reporting			position of the same of
	Check if Schedule O contains a response or note to any line in this Part XII			
		(market service)	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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	3b		
		For	m 99 (0 (2022)