

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** , and ending

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p><b>C Name of organization</b> ISRAEL EMERGENCY ALLIANCE</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite P. O. BOX 341069</p> <p>City or town State or country ZIP + 4 LOS ANGELES CA 90034-1069</p>	<p><b>D Employer identification number</b> 01-0566033</p> <p><b>E Telephone number</b> (310) 836-6140</p> <p><b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ WWW.STANDWITHUS.COM

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**K Check here** ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** ▶

**M Check** ▶  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,108,438

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

	<p><b>1 Contributions, gifts, grants, and similar amounts received:</b></p> <p><b>a Direct public support</b> . . . . . <b>1a</b> 802,339</p> <p><b>b Indirect public support</b> . . . . . <b>1b</b></p> <p><b>c Government contributions (grants)</b> . . . . . <b>1c</b></p> <p><b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____) <b>1d</b> 802,339</p> <p><b>2 Program service revenue including government fees and contracts</b> (from Part VII, line 93) <b>2</b></p> <p><b>3 Membership dues and assessments</b> . . . . . <b>3</b></p> <p><b>4 Interest on savings and temporary cash investments</b> . . . . . <b>4</b> 519</p> <p><b>5 Dividends and interest from securities</b> . . . . . <b>5</b></p> <p><b>6 a Gross rents</b> . . . . . <b>6a</b></p> <p><b>b Less: rental expenses</b> . . . . . <b>6b</b></p> <p><b>c Net rental income or (loss)</b> (subtract line 6b from line 6a) <b>6c</b></p> <p><b>7 Other investment income</b> (describe ▶ ) <b>7</b></p> <p><b>8 a Gross amount from sales of assets other than inventory</b> . . . . . (A) Securities (B) Other <b>8a</b></p> <p><b>b Less: cost or other basis and sales expenses</b> . . . . . <b>8b</b></p> <p><b>c Gain or (loss)</b> (attach schedule) . . . . . <b>8c</b></p> <p><b>d Net gain or (loss)</b> (combine line 8c, columns (A) and (B)) <b>8d</b></p> <p><b>9 a Gross revenue</b> (not including \$ _____ 802,339 of contributions reported on line 1a) <b>9a</b> 300,208</p> <p><b>b Less: direct expenses other than fundraising expenses</b> . . . . . <b>9b</b></p> <p><b>c Net income or (loss)</b> from special events (subtract line 9b from line 9a) <b>9c</b> 300,208</p> <p><b>10 a Gross sales of inventory, less returns and allowances</b> . . . . . <b>10a</b></p> <p><b>b Less: cost of goods sold</b> . . . . . <b>10b</b></p> <p><b>c Gross profit or (loss)</b> from sales of inventory (attach schedule) (subtract line 10b from line 10a) <b>10c</b></p> <p><b>11 Other revenue</b> (from Part VII, line 103) . . . . . <b>11</b> 5,372</p> <p><b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) <b>12</b> 1,108,438</p>		
Expenses	<p><b>13 Program services</b> (from line 44, column (B)) <b>13</b> 177,300</p> <p><b>14 Management and general</b> (from line 44, column (C)) <b>14</b> 333,524</p> <p><b>15 Fundraising</b> (from line 44, column (D)) <b>15</b> 243,130</p> <p><b>16 Payments to affiliates</b> (attach schedule) <b>16</b></p> <p><b>17 Total expenses</b> (add lines 16 and 44, column (A)) <b>17</b> 753,954</p>		
Net Assets	<p><b>18 Excess or (deficit)</b> for the year (subtract line 17 from line 12) <b>18</b> 354,484</p> <p><b>19 Net assets or fund balances</b> at beginning of year (from line 73, column (A)) <b>19</b> 203,091</p> <p><b>20 Other changes</b> in net assets or fund balances (attach explanation) <b>20</b> 4,698</p> <p><b>21 Net assets or fund balances</b> at end of year (combine lines 18, 19, and 20) <b>21</b> 562,273</p>		

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	65,000	42,900	14,300
26	Other salaries and wages	26	147,384	97,273	32,424
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	21,671	14,303	4,768
30	Professional fundraising fees	30			
31	Accounting fees	31	2,440	2,440	
32	Legal fees	32	4,358	4,358	
33	Supplies	33			
34	Telephone	34	8,881	5,861	2,487
35	Postage and shipping	35	8,740	8,216	
36	Occupancy	36	29,590	19,529	6,711
37	Equipment rental and maintenance	37			
38	Printing and publications	38	85,041	1,202	73,986
39	Travel	39	38,296		38,296
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,397	1,397	
43	Other expenses not covered above (itemize): a G & A expenses	43a	80,614	47,239	17,945
	b Advertising, marketing, and promotion	43b	60,057	54,187	2,196
	c Educational events	43c	129,906	115,227	14,679
	d Fund raising events	43d	35,338		35,338
	e Professional fees	43e	35,241	34,619	
	f	43f			
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44	753,954	333,524	243,130

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 1	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a _____ _____ _____ (Grants and allocations \$ _____)	177,300
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	177,300

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	199,562	<b>45</b>	189,531
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	267,702
	<b>47 a</b> Accounts receivable . . . . . <b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>47b</b>		<b>47c</b>	
	<b>48 a</b> Pledges receivable . . . . . <b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	742	<b>50</b>	4,247
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	5,643
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54</b>	65,614
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . . <b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>	17,000	
<b>57 a</b> Land, buildings, and equipment: basis . . . . . <b>57a</b>	8,942			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>57b</b>	2,216			
<b>58</b> Other assets (describe <input type="checkbox"/> DEPOSITS - RENT )	4,719	<b>57c</b>	6,726	
	4,000	<b>58</b>	9,000	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	209,023	<b>59</b>	565,463	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	2,845
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> PAYROLL TAXES PAYABLE )	5,932	<b>65</b>	345
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	5,932	<b>66</b>	3,190	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	203,091	<b>67</b>	562,273
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	203,091	<b>73</b>	562,273	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	209,023	<b>74</b>	565,463	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line a but not on line 12, Form 990:	
(1)	Net unrealized gains on investments \$	
(2)	Donated services and use of facilities \$	
(3)	Recoveries of prior year grants \$	
(4)	Other (specify): \$	
	----- \$	
	----- \$	
	Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b>	Line a minus line b	<b>c</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify): \$	
	----- \$	
	----- \$	
	Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line a but not on line 17, Form 990:	
(1)	Donated services and use of facilities \$	
(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify): \$	
	----- \$	
	----- \$	
	Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b>	Line a minus line b	<b>c</b>
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify): \$	
	----- \$	
	----- \$	
	Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name R ROTHSTEIN Str 10340 ROSSBURY City LOS ANGELES ST CA ZIP 90064	Title EXE DIRECTOR Hr/WK 40	65,000		
Name E RENZER Str 9431 BOLTON RD City LOS ANGELES ST CA ZIP	Title PRESIDENT Hr/WK NONE			
Name K BENJI Str 506 GRETN A GREE City LOS ANGELES ST CA ZIP	Title VICE PRES Hr/WK NONE			
Name C GIVON Str 106 N POINSETTA City LOS ANGELES ST CA ZIP	Title VICE PRES Hr/WK NONE			
Name M GUR Str 933 11TH ST City SANTA MONICA ST CA ZIP	Title VICE PRES Hr/WK NONE			
Name M JANNOL Str 1875 CENTURY PA City LOS ANGELES ST CA ZIP	Title VICE PRES Hr/WK NONE			
Name D SALEM Str 11980 SAN VICENT City LOS ANGELES ST C A ZIP	Title VICE PRES Hr/WK NONE			
Name R Soudry Str 10100 SANTA MON City LOS ANGELES ST CA ZIP	Title VICE PRES Hr/WK NONE			
Name F Schames Str 1160 BEVERWIL City LOS ANGELES ST CA ZIP	Title SECRETARY Hr/WK NONE			
Name C DRASIN Str 156 S ALMOT City BEVERLY HILLS ST CA ZIP	Title TREASURER Hr/WK NONE			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization <b>N/A</b> ----- and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82b</b> N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members . . . . . <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . <b>87a</b> N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b> N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <b>N/A</b>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization . . . . . <b>N/A</b>		
90 a	List the states with which a copy of this return is filed <b>N/A</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>		
91	The books are in care of <b>Name ISRAEL EMERGENCY ALLIANCE</b> Telephone no. <b>(310) 836-6140</b> Located at <b>P. O. BOX 341069</b> City <b>LOS ANGELES</b> ST <b>CA</b> ZIP + 4 <b>90034-1069</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .		519			
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .		300,208			
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> Brochures & Videos . . . . .		5,372			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		306,099			
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					306,099

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, and believe, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: *Rosalin Rothstein*  
 ROSALIN ROTHSTEIN, EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Erwin Ettelman*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ERWIN ETELMA, CPA  
 5881 SO. KINGSTON WAY, EN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**ISRAEL EMERGENCY ALLIANCE**

Employer identification number  
**01-0566033**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str NONE ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NONE Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in. (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	654,417	347,221			1,001,638
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	654,417	347,221			1,001,638
24 Line 23 minus line 17	654,417	347,221			1,001,638
25 Enter 1% of line 23	6,544	3,472			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____		26d	
22 _____ 26b _____		26e	
e Public support (line 26c minus line 26d total)	▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 1,001,638 16 _____		27c	1,001,638
17 _____ 20 _____ 21 _____		27d	
d Add Line 27a total _____ and line 27b total _____		27e	1,001,638
e Public support (line 27c total minus line 27d total)		27f	1,001,638
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶	27g	100.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27h	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire (See page 7 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No	
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) ----- ----- -----	31		
32 Does the organization maintain the following.			
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----	32d		
33 Does the organization discriminate by race in any way with respect to.			
a Students' rights or privileges? . . . . .	33a		
b Admissions policies? . . . . .	33b		
c Employment of faculty or administrative staff? . . . . .	33c		
d Scholarships or other financial assistance? . . . . .	33d		
e Educational policies? . . . . .	33e		
f Use of facilities? . . . . .	33f		
g Athletic programs? . . . . .	33g		
h Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h		
34 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a		
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Line 20 (990) - Other changes in net assets or fund balances**

1	PRIOR PERIOD ACCOUNTING ADJUSTMENT	1	4,698
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	4,698

**Line 50 (990) - Receivables from officers, directors, trustees and key employees**

	Borrower's name	Title	Original amount	Balance due beginning of year	Balance due end of year
1	ROSALIN ROTHSTEIN	EXE DIR		742	1,481
2	VARIOUS EMPLOYEES				2,766
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		14	742	4,247

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description	FMV of consideration
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report:

Cost

End of year market value (FMV)

	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year				
1 BANK CORP	121	3,614		3,614
2 TAPWAVE SERIES A PREFERRED		62,000		62,000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21 Totals	21 121	65,614		65,614

**Line 56 (990) - Other Investments**

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

		Book value	Beginning	End
		FMV	FMV	FMV
1 1995 MERCEDES BENZ S320	1	17,000		17,000
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total other investments	11	17,000		17,000

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)			
		Beginning		End	
1					
2					
3					
4					
5					
6	Total land (net of any amortization)				

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	SEE DEPRECIATION SCHEDULE	5,538	8,942	819	2,216
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	5,538	8,942	819	2,216
18	Buildings and equipment (less accumulated depreciation)			4,719	6,726
19	Total land, buildings and equipment			4,719	sEE

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total			

**Line 58 (990) - Other assets**

		Beginning	End
1	DEPOSITS - RENT	4,000	9,000
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	4,000	9,000

**Line 65 (990) - Other liabilities**

		Beginning	End
1	PAYROLL TAXES PAYABLE	5,932	345
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total other liabilities	5,932	345



STATEMENT 1  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE GOAL OF THE ORGANIZATION IS TO PROVIDE ACCURATE INFORMATION REGARDING ISRAEL THROUGH THE MEDIA TO EDUCATE AMERICANS AND OTHERS IN ORDER TO PROMOTE A BETTER RELATIONSHIP BETWEEN ISRAELIS AND AMERICANS. THE GRASS ROOTS EFFORTS OF THE ORGANIZATION WILL CONCENTRATE IN THREE AREAS:

1. CREATION OF EDUCATIONAL PROJECTS FOR LOCAL, NATIONAL AND INTERNATIONAL DISTRIBUTION WHICH WILL PROTRAY ISRAEL IN A HISTORICALLY ACCURATE LIGHT. THIS ASPECT OF THE PROGRAM WILL ALSO PROVIDE JOURNALISTS, FILMMAKERS, TV PRODUCERS, ETC. WITH ACCESS TO SOURCES OF ACCURATE INFORMATION REGARDING ISRAEL, ITS HISTORY, ECONOMY, AND CULTURE.
2. SERVE AS AN UMBRELLA GROUP TO SHARE AND DISSEMINATE INFORMATION ABOUT ACTIVITIES, PROJECTS, CULTURAL EVENTS, ETC. REGARDING ISRAEL IN ORDER TO ENCOURAGE EDUCATION ABOUT ISRAEL.
3. ESTABLISH CHANNELS OF COMMUNICATION BETWEEN ISRAEL SCHOOLS AND OTHER INSTITUTIONS AND THOSE IN THE UNITED STATES IN ORDER TO INCREASE UNDERSTANDING OF EACH OTHER'S CULTURE, POLITICS, HISTORY, ETC.

**Detail Report**

ISRAEL EMERGENCY ALLIANCE

01-0566033 990 2004

Item No	Description of Property	Date Placed in Service	Asset Code	Activity	Bus Use %	8,942		Special Allowance	8,942		Recovery Method	Con-vention Code	819		1,397		2,216	
						Cost or Other Basis	Less Sec 179 Deduction		Recovery Basis	AMT Type			Recovery Period (years)	Prior Accum Deprec, 179, Bonus	2004 Current Deprec	2004 Accum Deprec		
	OFFICE EQUIPMENT	9/5/2002	F-6	990	100.00%	1,047			1,047		5	SL/GDS	HY	288	209	497		
	OFFICE EQUIPMENT	12/28/2002	F-6	990	100.00%	1,064			1,064		5	SL/GDS	HY	240	213	453		
	OFFICE EQUIPMENT	1/1/2003	F-6	990	100.00%	2,914			2,914		5	SL/GDS	HY	291	583	874		
	OFFICE EQUIPMENT	1/1/2004	F-6	990	100.00%	921			921		5	SL/GDS	HY		92	92		
	COMPUTER	12/29/2004	F-5	990	100.00%	1,820			1,820		5	SL/GDS	HY		182	182		
	SOFTWARE	1/5/2004	F-5	990	100.00%	1,176			1,176		5	SL/GDS	HY		118	118		

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>ISRAEL EMERGENCY ALLIANCE</b>	Employer identification number <b>01-0566033</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 341069</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Los Angeles, CA 90034</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Israel Emergency Alliance**  
Telephone No. **(310) 836-6140** 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2005.**

5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**Additional time is required to gather sufficient information to prepare an accurate tax return.**

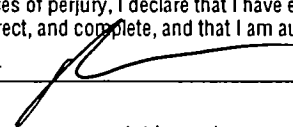
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 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 and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

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

Signature  Title **CPA** Date **8-14-05**

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Samuel B. Moses, C.P.A.</b>	<b>EXTENSION APPROVED  </b> <b>SEP 2 2005</b> FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN Form 8868 (Rev 12-2004)
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>100 Wilshire Blvd., Suite 1800</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>Santa Monica, CA 90401</b>	