** PUBLIC DISCLOSURE COPY ** 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.

Form **990**

Department of the Treasury

OMB No. 1545-0047

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AF	or the		ending					
B C a	heck if pplicabl	C Name of organization		D Employer identific	ation number			
	Addre	NECHAMA - JEWISH RESPONSE TO DISASTER						
	Name Chang	e Doing business as	41-199875	0				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
Interview Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Not delivered to street address) Pinal PO BOX 17249 763-732-061								
Laure	termir			G Gross receipts \$	496,356.			
	Amen			H(a) Is this a group re	turn			
	Applic			for subordinates	Yes X No			
L	pendi	SAME AS C ABOVE		H(b) Are all subordinates ind	luded? Yes No			
1 7	ay.ey	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemption	n number			
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: MN			
	artl	Summary		6				
	1	Briefly describe the organization's mission or most significant activities:	AMA'S	MISSION IS T	O BRING			
Se	'	COMFORT TO PEOPLE IMPACTED BY NATURAL DIS	ASTERS	BY EQUIPPI	NG AND			
Governance		Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.			
ern	2			3	6			
202	3	Number of independent voting members of the governing body (Part VI, line Ta) Number of independent voting members of the governing body (Part VI, line Tb)			6			
8	4	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7			
es	5			350				
Activities &	6	Total number of volunteers (estimate if necessary)			0.			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year			
		One tile time and mante (Dart) (III line 1h)		827,866.	486,401.			
an	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		49.	381.			
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-54,659.	-53,745.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		773,256.	433,037.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		252,441.	290,356.			
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 60, 6	66	<u> </u>				
ăX.	b			296,708.	181,549.			
μ.	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		549,149.	471,905.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		224,107.	-38,868.			
	19	Revenue less expenses. Subtract line 18 from line 12	B	eginning of Current Year	End of Year			
Net Assets or				797,764.	724,727.			
sset	20	Total assets (Part X, line 16)	······	48,973.	14,804.			
t As	21	Total liabilities (Part X, line 26)	······	748,791.	709,923.			
N	22	Net assets or fund balances. Subtract line 21 from line 20		740,771.	105,5250			
P	Part II Signature Block							
Une	der per	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ients, and to the best of My	/ Knowledge and beller, it is			
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of w	micn prepare	r nas any knowledge.	m la ch			
		Kophin 4-0		Date	5/27			
Sig	gn	Signature of officer STEPHAN KLINE, CHIEF EXECUTIVE OFFICER		Date /				

	Type or print name and title			
Paid	Print/Type preparer's name LANCE J BROCK	Preparer's signature	Date 10/25/2	Check PTIN if self-employed P01919631
Preparer		HRISTIANSEN & RUSS,	PA Fir	m'sEIN 41-1647057
Use Only	Firm's address 10 RIVER PARK PLA	ZA, SUITE 800		
	SAINT PAUL, MN 55	107	Pt	none no. (651)227-6695
Maythel	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
iviay the i	no discuss this return with the preparer energina			- 000 (0000)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	NECHAMA'S MISSION IS TO BRING COMFORT TO PEOPLE IMPACTED BY NATURAL	
	DISASTERS BY EQUIPING AND LEAING VOLUNTEERS IN ASSISTING COMMUNITES	
	WITH DISASTER PREPAREDNESS, RESPONSE AND RECOVERY NATIONWIDE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
U	If "Yes," describe these changes on Schedule O.	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 213,940. including grants of \$) (Revenue \$ 9,574	•)
	DISASTER RESPONSE:	
	DURING 2023, NECHAMA WAS DEPLOYED IN THE GREATER NEW ORLEANS AREA IN	
	PARTNERSHIP WITH UNITED WAY OF ST CHARLES PARRISH TO ASSIST AREA	
	RESIDENTS WITH REPAIR AND RENOVATIONS OF THEIR PERSONAL RESIDENCES.	
	WE USED NECHAMA STAFF, BOARD MEMBERS AND VOLUNTEERS TO PROVIDE	
	RESOURCES TO HELP THE RESIDENTS GET THEIR HOMES BACK INTO SHAPE SO THEY	•
	COULD MOVE BACK INTO THEM.	
4b	(Code:) (Expenses \$ 30,563. including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$30,563. including grants of \$) (Revenue \$) (Revenue \$))
	DIGAGIEK FREFAREDNEGG.	
	IN AN EFFORT TO HELP AFFECTED-COMMUNITIES AND NATIONAL AND LOCAL	
	PARTNERS, NECHAMA OFFERS PREPAREDNESS TRAININGS AIMED AT IMPROVING THE	
	DISASTER RESPONSE SKILLS OF LOCAL VOLUNTEERS AND STAFF.	
4c	(Code:) (Expenses \$61,126. including grants of \$) (Revenue \$))
	COMBATING ANTISEMITISM:	
	MOTIVATED BY THE JEWISH VALUE OF TIKKUN OLAM (THE OBLIGATION TO REPAIR	
	THE WORLD), NECHAMA PROVIDES DISASTER RELIEF SERVICES TO THE MOST	
	VULNERABLE MEMBERS OF THEIR IMPACTED COMMUNITIES REGARDLESS OF	
	RELIGION. MANY SERVED BY NECHAMA HAVE NEVER PREVIOUSLY MET A JEWISH	
	PERSON. NECHAMA ENGAGES IN COMMUNITY RELATIONS TO HELP HUMANIZE JEWS	
	AND COMBAT ANTISEMITISM.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 305,629.	
	Form 990 (2)	2023)

Form 990 (2					RESPONSE	то	DISASTER
Part IV	Checklist of Red	quired Sche	edu	lles			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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	<u>11a</u>	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	<u>12a</u>	_ <u>_</u>	
D		126		x
13	If "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	12b 13		X
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
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		х
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	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X 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 X
b	5 71 1 7 1 71 1	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	<u>25a</u>		<u> </u>
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			v
	Schedule L, Part I	25b		<u>x</u>
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%			v
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	25		
00	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</i> "Yes," <i>complete</i>	-		
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, 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		Х
	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 19?	_		_
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2023) NECHAMA - JEWISH RESPONSE TO DISASTER 41-1998	750	Р	_{age} 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 2a 7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
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 O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			37		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x		
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>				
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	00				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
	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					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		├───		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>		
10	Section 501(c)(7) organizations. Enter:					
a L	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:					
11	Gross income from members or shareholders N/A					
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
5	amounts due or received from them.) 11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17				

Form 990	(2023)
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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 resi	oonse or note to an	/ line in this Part VI	

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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		6		
	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		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any oth	ner			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the d		vision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990					Х
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 appo					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc					
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b			1.0		
a	The governing body?	-	-	8a	x	
h	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 reache					
3	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 Internal Reve					
	The internal nevel (This Section B requests information about policies not required by the internal nevel	nue Coue.,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap			100		
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	oloro ming				
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			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes			12.5		
Ŭ	on Schedule O how this was done	,		12c	х	
13				13	X	<u> </u>
14				14	X	
15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y independ				
2	The organization's CEO, Executive Director, or top management official			15a	x	
a h					X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		
16-		at with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			16-		х
ь	taxable entity during the year?			<u>16a</u>		Δ
d	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the state			401		
Sec	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filedMN , NY , LA , NJ , DC	CZ MI	יד חי ר	, тт.	੦ਧ	D۵
17 10						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection, Indicate how you made these available. Check all that apply	390-1 (SGC	aon 301(C)(3	ys uniy)	avalid	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain or content)					
19	X Own website Another's website X Upon request Other (explain of other) Describe on Schedule O whether (and if so, how) the organization made its governing documents, confil Other (explain of other)		,	nd finan	cial	
13	statements available to the public during the tax year.		sst policy, al	iu iiiali	Jai	
	oracomonio avaliable to the public during the tax year.					

20 State the name, address, and telephone number of the person who possesses the organization's books and records STEPHAN KLINE - 763-732-0610

PO BOX 17249, SAINT PAUL, MN 55117

	Page	7
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1 01111 0 0 0 1						
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees	, Highest Compensated
	Employees, and	d Independe	ent Contra	ctors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• List all of the organization's **former** officers, key employees, 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KRISTINE SEABLOOM	40.00									
ADMINISTRATOR				Х				61,017.	0.	0.
(2) JEREMY WOLF	1.00									
DIRECTOR		Х						0.	0.	0.
(3) KYLE SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(4) RABBI BEAU SHAPIRO	1.00									
DIRECTOR		Х						0.	0.	0.
(5) WENDY MORRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) STEPHEN MATLOFF	1.00									
PRESIDENT		Х		X				0.	0.	0.
(7) AARON BLOOM	1.00									
TREASURER		Х		X				0.	0.	0.
(8) TRACY FIGUEROA	1.00									
SECRETARY		Х		X				0.	0.	0.
						-				
		•								
						-				
		1								
		1								
	1	I	L	I		L		I		

	990 (20	NECHAMA	- JEWISH	R	ES	PO	NS	Ε	ΤO	DISASTER	41-199	8750	Page 8
Parl	t VII s	Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
		(A)	(B)			(0				(D)	(E)		(F)
		Name and title	Average			Pos	ition			Reportable	Reportable		timated
			hours per		not ch . unles					compensation	compensation		ount of
			week	offic	cer an	d a di	irector	r/trus	tee)	from	from related		other
			(list any	ctor						the	organizations	comr	pensation
			hours for	r dire				eq		organization	(W-2/1099-MISC/	frc	om the
			related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	anization
			organizations	trus	nal tr		oyee	duo		1099-NEC)		and	l related
			below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			orga	nizations
			line)	Indi	Inst	Officer	Key	High	Forr				
												 	
												_	
												-	
4 14	Cubtot									61,017.	0	•	0.
10	Subtot		·····							01,017.		•	0.
		rom continuation sheets to Part V										•	0.
		add lines 1b and 1c)								61,017.		•	0.
2	Total n	umber of individuals (including but	not limited to the	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable		•
	compe	nsation from the organization											0
													Yes No
3	Did the	e organization list any former office	r, director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on		
	line 1a	? If "Yes," complete Schedule J for	such individual									3	X
		y individual listed on line 1a, is the s											
		ated organizations greater than \$15										4	X
5		y person listed on line 1a receive or											
•	-	ed to the organization? If "Yes," col	-				-			-		. 5	X
Sect		Independent Contractors	mpiele Schedule	;] [(or su	CIŢ	Jerso	011.				. 5	
		-							- 44		100 000 of common		
	•	ete this table for your five highest c	•	•							•	sation from	m
	the org	anization. Report compensation for	r the calendar ye	ear e	endin	g w	ith o	or wi	thin		ear.		
		(A)								(B)		(C)	
		Name and busines	saduress	NC	ONE					Description of s	ervices	Compen	sation
									\square				
									-				
									\dashv				
		umber of independent contractors		ot lin	nited	l to 1	-		ted	above) who received me	ore than		
	\$100.0	00 of compensation from the organ	ization				0)					

	n 990 (i		EWISH RESPO	ONSE TO DIS	SASTER	41-1998	750 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to any lin		(5)		
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total Tovende	function revenue	business revenue	from tax under
			105 000				sections 512 - 514
tts t	1 a	Federated campaigns 1a	185,033.				
our our	b	Membership dues 1b	4.4.9				
Am (С	Fundraising events 1c	143,953.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
js, js	е	Government grants (contributions) 1e					
er or	f	All other contributions, gifts, grants, and					
₽ġ		similar amounts not included above 1f	157,415.				
ti pe	g	Noncash contributions included in lines 1a-1f		106 101			
<u>ų p</u>	h	Total. Add lines 1a-1f		486,401.			
			Business Code				
ice.	2 a						
er vi	b		_				
u S	С		_				
Rev	d		_				
Program Service Revenue	е		_				
Δ.	•	All other program service revenue					
	g						
	3	Investment income (including dividends, int		381.			381.
		other similar amounts)		501.			501.
	4	Income from investment of tax-exempt bon	-				
	5	Royalties	(ii) Personal				
	<u> </u>						
		Gross rents <u>6a</u> Less: rental expenses 6b					
		Less: rental expenses 6b Rental income or (loss) 6c					
	С С	Not rental income or (loce)					
		Gross amount from sales of (i) Securitie	es (ii) Other				
	1 a	assets other than inventory 7a					
	h	Less: cost or other basis					
ē	~	and sales expenses 7b					
venue	с	Gain or (loss) 7c					
		Net gain or (loss)					
Other Re		Gross income from fundraising events (not					
Ę		including \$ 143,953. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 0.				
	b		8b 63,319.				
	с	Net income or (loss) from fundraising event	s	-63,319.			-63,319.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
	с	Net income or (loss) from sales of inventory					
s			Business Code				
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	9,574.	9,574.		
ane	b						
cell teve	с		_				
Mis	d	All other revenue					
	e	Total. Add lines 11a-11d		9,574.	0		60.000
	12	Total revenue. See instructions		433,037.	9,574.	0.	-62,938.

NECHAMA - JEWISH RESPONSE TO DISASTER Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C1 017	40 710	11 000	7 017
_	trustees, and key employees	61,017.	42,712.	11,288.	7,017
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	171,830.	120,281.	31,789.	19,760
7	Other salaries and wages	I/I,050.	120,201.	JI, 103.	19,700
3	Pension plan accruals and contributions (include				
h	section 401(k) and 403(b) employer contributions)	37,521.	26,265.	6 9/1	/ 315
9)	Other employee benefits	19,988.	13,991.	6,941. 3,698.	<u>4,315</u> 2,299
, 1	Payroll taxes Fees for services (nonemployees):	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,050•	
	Management Legal				
	Accounting	35,115.		35,115.	
	Lobbying	5571151			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch O.)	11,046.	1,081.	6,943.	3,022
2	Advertising and promotion				
3	Office expenses	12,252.	1,618.	3,674.	6,960
1	Information technology	5,277.	3,464.	158.	6,960 1,655
5	Royalties				•
6	Occupancy	1,050.	920.	59.	71
7	Travel	36,365.	31,797.	431.	4,137
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	3,465.	3,336.	129.	
)	Interest	154.		154.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,398.	9,253.	686.	459
3	Insurance	20,370.	17,599.	1,618.	1,153
1	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 0.)				
а	MISCELLANEOUS EXPENSES	25,765.	15,581.	366.	9,818
b	BAD DEBT EXPENSE	10,370.	7,809.	2,561.	
c	EQUIPMENT	9,922.	9,922.	_,,,,,	
d		,	,		
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	471,905.	305,629.	105,610.	60,666
,	Joint costs. Complete this line only if the organization	,			,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contair

NECHAMA - JEWISH RESPONSE TO DISASTER

41-1998750 Page 11

		Check if Schedule O contains a response or note	e to any lin	e in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			590,971.	1	391,305.	
	2	Savings and temporary cash investments			73,157.	2	218,316.	
	3	Pledges and grants receivable, net			71,717.	3	78,787.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%				
		controlled entity or family member of any of thes	e persons			5		
	6	Loans and other receivables from other disqualif	ied person	ns (as defined				
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6		
ŝ	7	Notes and loans receivable, net	Notes and loans receivable, net					
Assets	8	Inventories for sale or use				8		
¥	9				34,259.	9	19,057.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	97,060.				
	b	Less: accumulated depreciation	10b	79,798.	27,660.	10c	17,262.	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line 1			12			
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equa			797,764.	16	724,727.	
	17	Accounts payable and accrued expenses			48,973.	17	14,804.	
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21		
ŝ	22	Loans and other payables to any current or form	er officer,	director,				
litie		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%				
Liabilities		controlled entity or family member of any of thes		22				
Ξ	23	Secured mortgages and notes payable to unrela	ted third p	arties		23		
	24	Unsecured notes and loans payable to unrelated	third part	ies		24		
	25	Other liabilities (including federal income tax, pay	ables to r	elated third				
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X				
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			48,973.	26	14,804.	
(0		Organizations that follow FASB ASC 958, che	ck here	X				
Ce		and complete lines 27, 28, 32, and 33.					500 0 7 6	
lan	27			······ -	677,074.	27	630,956.	
l Ba	28	Net assets with donor restrictions			71,717.	28	78,967.	
pun		Organizations that do not follow FASB ASC 98	58, check	here				
Net Assets or Fund Balances		and complete lines 29 through 33.						
ts o	29	Capital stock or trust principal, or current funds				29		
set	30	Paid-in or capital surplus, or land, building, or eq				30		
t As	31	Retained earnings, endowment, accumulated inc	-	····· -		31		
Ne	32	Total net assets or fund balances			748,791.	32	709,923.	
	33	Total liabilities and net assets/fund balances			797,764.	33	724,727.	

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 4333, 037. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4711, 905. 2 2 d711, 905. 2 4711, 905. 2 4711, 905. 2 4711, 905. 3 Revenue less expenses. Subtract line 2 from line 1 3 -38, 686. 4 Net unrealized gains (losses) on investments 5 6 5 Donated services and use of facilities 7 7 7 Investment expenses 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI line 32, column (B)) 10 709, 923. Part XII Financial Statements and Reporting 10 709, 923. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990:		<u>1990 (2023)</u> NECHAMA – JEWISH RESPONSE TO DISASTER	41-199	8750	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4 33 , 037. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4 711, 905. 3 Revenue less expenses. Subtract line 2 from line 1 3 -38, 8668. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748, 791. 5 Donated services and use of facilities 6 6 7 7 7 8 Poir period adjustments 6 7 9 Otter changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Ac	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 471,905. 3 Revenue less expenses. Subtract line 2 from line 1 3 -38,868. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748,791. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748,791. 6 Donated services and use of facilities 6 7 7 revenue (B) 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 7 7 Inf r Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements compiled or reviewed by an independent accountant? 2b If r Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 2b If r Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separat		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2 Total expenses (must equal Part IX, column (A), line 25) 2 471,905. 3 Revenue less expenses. Subtract line 2 from line 1 3 -38,868. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748,791. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748,791. 6 Donated services and use of facilities 6 7 7 revenue (B) 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 7 7 Inf r Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements compiled or reviewed by an independent accountant? 2b If r Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 2b If r Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separat						
3 -38,868. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 748,791. 5 6 - 7 - 6 - 7 - 6 7 8 Prior period adjustments 6 - 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 709,923. Part XIII Financial Statements and Reporting - 10 709,923. Check if Schedule O contains a response or note to any line in this Part XII - 7 - If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If If "Yes," check a box below to indicate whether the financial statem	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 748,791. 5 Net unrealized gains (losses) on investments 6 0onated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 709, 923. Part XII Financial Statements and Reporting 709, 923. Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," to hice 2a	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 1 Accounting method used to prepare the Form 990: 1 2a X 1 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Yes : No 1 Accounting method used to prepare the Form 990: 1 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 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 b Were the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis b Were the organization changed its tatements aud selection of an independen	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 709,923. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O indicate whether the financial statements or checked 'Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, or both: Separate basis, or consolidated basis But consolidated basis, or both: Separate basis, or consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis, or consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis </th <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td>748</td> <td>3,7<u>9</u></td> <td><u>91.</u></td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	748	3,7 <u>9</u>	<u>91.</u>
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 7 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis, or both: Zeb 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: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis <td>5</td> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td></td> <td></td> <td></td>	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 7 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis, or both: Zeb 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: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 709,923. Part XII Financial Statements and Reporting 10 709,923. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 Both consolidated and separate basis 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 Consolidated basis Both consolidated and separate basis 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 Consolidated basis Both consolidated and separate basis 2b X 2b X 2b <td>7</td> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 709,923. Part XII Financial Statements and Reporting	8		8			
column (B) 10 709,923. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
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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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis <td></td> <td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td> <td>e basis,</td> <td></td> <td></td> <td></td>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c		X
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
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		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

SCHEDULE A		Public Charity Status and Public Support										
(Form 990)			•					<u> </u>				
	0	• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		2023				
Department of the Treasury Internal Revenue Service		A	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public				
		Go to www.irs.gov/	Form990 for instruction	ns and the	latest info	ormation.	Employer	Inspection				
Name of the organization		ΔMΔΤΕWΤ	SH RESPONSE '	ידם חיי	מא מיידים)		identification number 1-1998750				
Part I Reason f			(All organizations must c					1-1990750				
The organization is not a							3.					
<u> </u>	•	•	n of churches described		,	YAYi).						
			Attach Schedule E (Forn			<i>N' N N</i>						
			anization described in se		(b)(1)(A)(ii	i).						
· ·	•		njunction with a hospital)(iii). Enter	the hospital's name,				
city, and state	:											
5 An organizatio	on operated fo	r the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	d in				
section 170(b)(1)(A)(iv). (Complete Part II.)												
-		-	ntial part of its support fr	rom a gove	ernmental u	unit or from th	ne general p	oublic described in				
		omplete Part II.)										
			(1)(A)(vi). (Complete Par									
	0		in section 170(b)(1)(A)(· ·			U U					
or university of university:	or a non-land-gi	rant college of agric	ulture (see instructions).	Enter the r	name, city,	, and state of	the college	or				
· · -	on that normal	ly receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s membersh	in fees and	aross receipts from				
			t to certain exceptions; a									
			(less section 511 tax) fro					-				
		nplete Part III.)	,		•	, ,		,				
11 An organizatio	on organized a	nd operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).						
12 An organizatio	on organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	ourposes of one or				
more publicly	supported org	ganizations describe	d in section 509(a)(1) d	r section &	509(a)(2).	See section &	5 09(a)(3). C	heck the box on				
lines 12a thro	ugh 12d that c	describes the type o	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.					
a 🔄 Type I. A su	pporting orgai	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), t	pically by o	giving				
the support	ed organizatio	n(s) the power to rea	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting				
		omplete Part IV, Se										
		-	or controlled in connect			-		-				
			anization vested in the sa	ame persoi	ns that cor	ntrol or mana	ge the supp	orted				
Ē Š	. ,	t complete Part IV,						alitha				
			g organization operated). You must complete l				ly integrate	a with,				
	0		orting organization oper			-	ted organiz	ation(s)				
	-	•	ation generally must sat				•	.,				
	-	• •	nplete Part IV, Sections									
			written determination fro				II, Type III					
functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiza	ation.							
f Enter the number of	of supported o	rganizations										
	<u> </u>	about the supporte	<u> </u>	C A Is the same								
(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)				
organization			above (see instructions))	Yes	No	support (see ii	istructions)					

Total

Schedule A (Form 990) 2023 NECHAMA - JEWISH RESPONSE TO DISASTER 41-1998750 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	612,425.	418,511.	659,068.	827,866.	559,733.	3077603.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	612,425.	418,511.	659,068.	827,866.	559,733.	3077603.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						54,444.
6	Public support. Subtract line 5 from line 4.						3023159.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	612,425.	418,511.	659,068.	827,866.	559,733.	3077603.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	417.	206.	233.	49.	381.	1,286.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,280.	28,458.	23,296.			60,034.
11	Total support. Add lines 7 through 10	,					3138923.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	339,958.
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	96.31 %
	Public support percentage from 2022		-			15	%
	33 1/3% support test - 2023. If the o					ore. check this bo	
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te					•	
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is [.]	
U	more, and if the organization meets th	0					
	organization meets the facts-and-circu						
10	-				••••		
10	Private foundation. If the organization	In did hot check a		a, 100, 17a, 01 170	, oneon this box al		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	NECHAMA - JEW			41-1998750	Page 3			
Part III Support Schedule for Organizations Described in Section 509(a)(2)								

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
					+	<u> </u>
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
• • • • • • • • • • • • • • • • • • • •					+	
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					+	
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support					1	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(u) 2010	(5) 2020	(0) 2021			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					1	
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14 First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organiza	ation,
					<u></u>	
Section C. Computation of Publi	<u>c Support Per</u>	centage				
15 Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2022					16	98.69 %
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	.02 %
19a 33 1/3% support tests - 2023. If the					3 1/3%, and line	17 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2022. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

7

.....

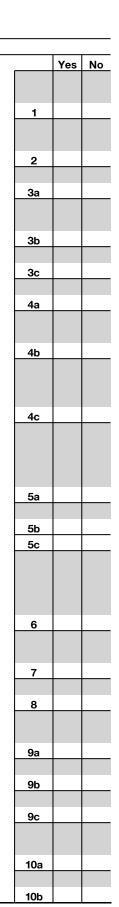
Part IV Supporting Organizations

Schedule A (Form 990) 2023

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

Section A. All Supporting Organizations

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



Schedule A (Form 990) 2023 NECHAMA - JEWISH RESPONSE TO DISASTER 41-1998750 Page 5

га	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled	the supporting	g organization.	
Section C. T	ype II Supp	orting Org	anizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Use the supported organization was vested in the same persons that controlled or managed

 1
 Use the supported organization(s)

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

2

	dule A (Form 990) 2023 NECHAMA - JEWISH RESPO			11-1998750 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	I
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	NECHAMA -	JEWISH	RESPONSE	TO DISASTE	R 41-1998750	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations 1, 6, 9a, 9b, 9c, , Section E, line	required by Part 11a, 11b, and 11 es 1c, 2a, 2b, 3a,	II, line 10; Part II, line c; Part IV, Section B, and 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section (; Part V, Section B, line 1e; Part	C,

Schedule of Contributors

OMB No. 1545-0047

T

on number

Concadio B			
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990 Go to www.irs.gov/Form990 for the latest		2023
Name of the organization		Err	nployer identification n
1	ECHAMA - JEWISH RESPONSE TO DISAS	TER 4	11-1998750
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a privat	e foundation	
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the Genera	I Rule and a Special Rule. Se	e instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the yea y one contributor. Complete Parts I and II. See instructions for de		
Special Rules			
sections 509(a)(contributor, duri	on described in section 501(c)(3) filing Form 990 or 990-EZ that me) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, g the year, total contributions of the greater of (1) \$5,000; or (2) 2 Z, line 1. Complete Parts I and II.	line 13, 16a, or 16b, and that	received from any one
contributor, duri literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, total contributions of more than \$1,000 <i>exclusively</i> for cional purposes, or for the prevention of cruelty to children or anim (b) instead of the contributor name and address), II, and III.	r religious, charitable, scientifi	ic,

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

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

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

Schedule B (Form 990) (2023)

Schedule R

L

Schedule B (Form 990) (2023)	
Name of organization	

NECHAMA - JEWISH RESPONSE TO DISASTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 185,033. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

41-1998750

Schedule	B (Form 990) (2023)		Pag
Name of c	organization	E	mployer identification numbe
NECHA	MA - JEWISH RESPONSE TO DISASTER		41-1998750
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$11,11	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Noncash ON (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 dentification number

Name of organization

NECHAMA - JEWISH RESPONSE TO DISASTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. .		 \$	

41-1998750

Employer identification number

Schedule I	B (Form 990) (2023)		Page 4
	rganization		Employer identification number
NECHAI	MA - JEWISH RESPONSE TO	DISASTER	41-1998750
Part III		ions to organizations described in secti) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
·	Transferee's name, address, a	und ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

								1545 0047
	HEDULE D			al Financial S				<u>1545-0047</u>
(Forr	n 990)			nization answered "Ye), 11a, 11b, 11c, 11d, 1			20	23
	ment of the Treasury		A	Attach to Form 990.				o Public
	I Revenue Service e of the organizat		ww.irs.gov/Form99	to for instructions and	the latest information.	Emn	Inspec	
nalij	e or the organizat		- JEWISH R	ESPONSE TO D	ISASTER		41-1998	
Pa		ations Maintaining	g Donor Advise	d Funds or Other	Similar Funds or A	coun		
	organizatio	n answered "Yes" on F	Form 990, Part IV, lin			<u></u>		
				(a) Donor advis	sed funds	(b) Fund	ds and other acco	ounts
1		nd of year						
2		f contributions to (durin						
3 4		f grants from (during ye t end of year						
4 5					leld in donor advised fun	ds		
-	-			-			Yes	No No
6					rant funds can be used c			
	for charitable purp	ooses and not for the b	enefit of the donor o	or donor advisor, or for a	any other purpose confer	ring		
-	impermissible priv	ate benefit?					Yes	No
Pa					es" on Form 990, Part IV	, line 7.		
1			, ,	on (check all that apply)				
		n of land for public use	(tor example, recrea	ation or education)	Preservation of a hist	-	-	ea
		of natural habitat		L	Preservation of a cert	med his	storic structure	
2		1 of open space through 2d if the organ	nization held a quali	fied conservation contri	bution in the form of a co	nservat	ion easement on .	the last
2	day of the tax yea	° °	meation neid a quall				Held at the End of	
а		onservation easements	s			2a		
b		ricted by conservation				2b		
с	Number of conser	vation easements on a		ucture included on line		2c		
d	Number of conser	vation easements inclu	ided on line 2c acqu	iired after July 25, 2006	, and not			
						2d		
3		vation easements mod	ified, transferred, rel	leased, extinguished, or	terminated by the organ	ization o	during the tax	
л	year	whore preperty endine	to concention and	comont is located				
4 5		where property subject tion have a written poli		riodic monitoring, inspe	ction handling of			
5		forcement of the conse					Yes	No
6	,				and enforcing conservation			
			J. 1 J,		2		0	-
7	Amount of expense	ses incurred in monitori	ng, inspecting, hand	dling of violations, and e	nforcing conservation ea	sement	s during the year	
8					ts of section 170(h)(4)(B)(
•	and section 170(h				anua and avrance atatam			└── No
9		•	•		enue and expense staten 's financial statements th			
		ounting for conservation		oto to the organization	ש היומויטימו שנמנפווופוונא נוו	ai u c s0		
Pa				f Art, Historical Tre	easures, or Other S	Similar	Assets.	
		f the organization answ						
1a	If the organization	elected, as permitted u	under FASB ASC 95	58, not to report in its re	venue statement and bal	ance sh	eet works	
	of art, historical tr	easures, or other simila	r assets held for put	blic exhibition, educatio	n, or research in furthera	nce of p	oublic	
				ncial statements that de				
b	-				ue statement and balance			
				c exhibition, education,	or research in furtherance	e of pub	olic service,	
	-	ing amounts relating to					4	
							ĕ ₿	
2	.,	ed in Form 990, Part X received or held works			assets for financial gain,			
2				ASC 958 relating to thes		PIOVICE		
а	-			-		9	\$	
							\$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
332051	09-28-23

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued] 3 Using the organization accounts of the proving that make significant use of its continued) a Potic scholation b Scholatry research c Provide a classification account in the organization is contained as part of the organization is account in the organization in account in the organization include an anount on Form 990, Part X, line 21, for secree or orecladial account in the organization include an anount on Form 990			- JEWISH					0.01	41-19			ge 2
a Clearchinerres (check all that apply). a Clearchine conductions and explain how they further the organization's exempt purpose in Part XIII. b Clearchine conductions and explain how they further the organization's exempt purpose in Part XIII. b During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Counting the year, did the organization's collection? Yes No Part II Escrow and Cutstodial Arrangements Complete if the organization's collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Amount to the following table: Amount to the following table: Amount to the following table: Image:	Par									(continu	ied)	
a Public exhibition d Lan or exchange program b Schalary research e Other	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	e following that	t make si	ignificar	t use of its			
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds attent than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 930, Part X? No b If 'Yes', explain the arrangement in Part XII and complete the following table: Amount c Beginning balance Intermediary for screw or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII Yes No b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII Yes' No b Of the organization include an amount on Form 990, Part X, line 21. for screw or custodial account liability? Yes' No b Of the organization include an amount on Form 990, Part X, line 21. for screw or custodial account liability? Yes' No b Off Yes', explain the arra		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part IV Excrement 42 CostOdial Arrangements Complete it the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance	а	Public exhibition	c	1 🛄 L	oan or ex	change progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or outfold account liabity? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or outfold in Part XIII Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or outfold in Part XIII Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or outfold in Part XII Port V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Administrative expenses 1	b	Scholarly research	e	, L (Other							
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Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X (III and Complete the following table: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d additions during the year 1d enditions during the year a Breginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Current year (d) Current year during heads: (d) Grants or scholarships (e) Other expenditures for facilities and programs (d) Grants or scholarships (e) There year balance <l< th=""><th>5</th><th>During the year, did the organization solicit or</th><th>receive donations</th><th>of art, his</th><th>torical trea</th><th>asures, or othe</th><th>er similar</th><th>assets</th><th></th><th></th><th></th><th></th></l<>	5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	asures, or othe	er similar	assets				
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e 1a Distributions during the year 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation as wered "Yes" on Form 990, Part X, line 10. Yes" on Form 990, Part X, line 10. Cother expenditures for faalities Immedia												No
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b Contributions		_	(a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four y	vears b	ack
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
e Other expenditures for facilities and programs	d	Grants or scholarships										
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g End of year balance	f	Administrative expenses										
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings												
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other c) Accumulated depreciation Ia Land Image: complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Ia Land Image: complete in the part of the p	2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as:						
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipme	ent									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	I "Yes" on Form 990), Part IV,	line 11a.	See Form 990	, Part X,	line 10.				
b Buildings		Description of property	1		• •					(d) Book	value	
b Buildings	1a	Land										
c Leasehold improvements 79,510. 62,248. 17,262. e Other 17,550. 17,550. 0.												
d Equipment 79,510. 62,248. 17,262. e Other 17,550. 17,550. 0.												
e Other										17	,26	2.
						17,550.		17,	550.			0.
				<u>X. line 10</u>	c. colum	n (B))	<u></u>			17	,26	2.

Schedule D (Form 990) 2023

	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.	
(a) Descri	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line ⁻	11d. See Form 990. Part X. line 15.	
		Description	, , ,	(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, line 15, co</u>	I. (B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fea	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
I otal. (Colu	<u>ımn (b) must equal Form 990, Part X, line 25, co</u>		the organization's financial statements th	

NECHAMA - JEWISH RESPONSE TO DISASTER

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

X

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 NECHAMA – JEWISH RESPONSE 1	O DISA	STER	41-1	L998750	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	506,	369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	73,332.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	73,	,332.
3	Subtract line 2e from line 1			3	433,	.037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	433,	,037.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	teturr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					0.07
1	Total expenses and losses per audited financial statements			1	545,	237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	7 2 220			
а	Donated services and use of facilities		73,332.	-		
b	Prior year adjustments			- 1		
С	Other losses			-		
d	Other (Describe in Part XIII.)	· · · · ·			д о	222
е	Add lines 2a through 2d			2e		332.
3	Subtract line 2e from line 1			3	4/1,	905.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			- 1		
b	Other (Describe in Part XIII.)	4b				0
с	Add lines 4a and 4b			4c	4 17 4	0.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990. Part I. line 18.</i>)	<u></u>		5	4/1,	905.
Pa	rt XIII Supplemental Information					

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

PART X, LINE 2:

MANAGEMENT BELIEVES NECHAMA DID NOT HAVE ANY UNRELATED BUSINESS INCOME.

MANAGEMENT BELIEVES NECHAMA HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND ACCORDINGLY, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE G	Suppleme	ntal Information Regarding	, Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19, (or if the	2023
Department of the Treasury		Attach to Form 990	or Form	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ictions	and th	ne latest information	n.		Inspection
Name of the organization				DT				dentification number
		- JEWISH RESPONSE					41-199	
	complete this part	Complete if the organization answ	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	'. Form 990-	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicita	ation of ation of Il fundra Il (incluc professi	non-g gover aising o ding of	overnment grants nment grants events ficers, directors, trus undraising services?		Y	Yes No be
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	y) to (or retained by)
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration

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

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 ROCKERS IN RELIEF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
	1 (Gross receipts	143,953.			143,953
	2 L	Less: Contributions	143,953.			143,953
	3 (Gross income (line 1 minus line 2)				
	4 (Cash prizes				
	5 1	Noncash prizes				
DELISE	6 F	Rent/facility costs	24,675.			24,675
Ulrect Expenses	7 F	Food and beverages	34,586.			34,586
_		Entertainment				4 050
	9 (Other direct expenses	4,058.			4,058
						C2 210
1	0 [1 [Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)			63,319 -63,319
ar	0	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d) answered "Yes" on Form		eported more than	-63,319
1 Par	0 [1 [Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d)	990, Part IV, line 19, or n		-63,319 (d) Total gaming (add
1	0 [1 1] 1 1] 1 1]	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or n	eported more than	63,319 -63,319 (d) Total gaming (add col. (a) through col. (c
	10 [1] 1]	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or n	eported more than	-63,319 (d) Total gaming (add
	10 [11] 1 (2 (Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or n	eported more than	-63,319 (d) Total gaming (add
1 Par	10 [11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or n	eported more than	-63,319 (d) Total gaming (add
nirect Expenses Revenue	10 [1 1 1 1 1 (2 (3 1 4 F	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or n	eported more than	-63,319 (d) Total gaming (add
	10 [11] 1] 2 (3] 4] 5 (Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-63,319 (d) Total gaming (add
	10 [1] 1 11 1 1 2 (2 3 1 4 F 5 (2 6 \	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-63,319 (d) Total gaming (add
	10 [1] 1 [1] 1 [1] 2 (3 [1] 4 [5] 5 (6 \ 7 [1]	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	-63,319 (d) Total gaming (add

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Scł	hedule G (Form 990) 2023	NECHAMA -	- JEWISH	RESPONSE	то	DISASTER	41-1	998	750	Page 3
11	Does the organization conduct	gaming activities with	n nonmembers?						Yes	No
12	Is the organization a grantor, b to administer charitable gaming							 ,	Yes	No
13	Indicate the percentage of gam									
	a The organization's facility							13a		%
	b An outside facility							13b		%
14	Enter the name and address of	the person who prep	ares the organiz	ation's gaming/sp	oecial e	vents books and reco	ords:			
	Name									
	Address									
15	a Does the organization have a c	ontract with a third pa	arty from whom	the organization r	eceives	s gaming revenue?		. 🗆 '	Yes	No No
I	b If "Yes," enter the amount of ga	aming revenue receive	ed by the organi	zation \$		and the a	amount			
	of gaming revenue retained by	the third party \$								
0	c If "Yes," enter name and addre	ss of the third party:								
	Name									
	Address									
16	Gaming manager information:									
	Name									
		•								
	Gaming manager compensatio	n \$								
	Description of services provide	d								
	Director/officer	Employee		Independent cont	ractor					
17	Mandatory distributions:									
i	a Is the organization required une		charitable distri	butions from the g	gaming	proceeds to				
	retain the state gaming license							<u> </u>	Yes	No No
	b Enter the amount of distribution			ributed to other ex	kempt (organizations or sper	nt in the			
Pa	organization's own exempt act art IV Supplemental Inf	ormation. Provide	rear \$	s required by Part	· L line '	2b. columns (iii) and ((v): and Par	t III line	<u></u>	h 10h
	15b, 15c, 16, and 17b,								55 0, 0	, 100,

Schedule G	G (Form 990) Supplemental Infor	NECHAMA -	JEWISH	RESPONSE	то	DISASTER	41-1998750	Page 4
Part IV	Supplemental Infor	mation (continued)						

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NECHAMA - JEWISH RESPONSE TO DISASTER

41-1998750

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

LEADING VOLUNTEERS IN ASSISTING COMMUNITIES WITH DISASTER PREPAREDNESS,

RESPONSE AND RECOVERY NATIONWIDE.

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

AFTER ALL INPUT HAS BEEN APPROPRIATELY ADDRESSED, THE FINAL VERSION OF THE

FORM 990 (WITH REQUIRED SCHEDULES) WILL BE DISTRIBUTED TO EVERY VOTING

MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE

IRS. THE FINAL FORM MAY BE DISTRIBUTED EITHER IN PAGES OR ELECTRONIC FORM

IN ANY MANNER DEEMED APPROPRIATE BY THE ORGANIZATION'S ADMINISTRATOR. AFTER

THE FINAL VERSION OF THE FORM 990 HAS BEEN DISTRIBUTED THE FORM IS SIGNED

BY THE PRESIDENT AND FILED WITH THE IRS.

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

EACH DIRECTOR AND KEY PERSONNEL ANNUALLY SIGNS A STATEMENT THAT AFFIRMS

THAT SUCH PERSON:

*HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY

*HAS READ AND UNDERSTANDS THE POLICY

*HAS AGREED TO COMPLY WITH THE POLICY

*UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

*HAS DISCLOSED ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ON THE

STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization En NECHAMA - JEWISH RESPONSE TO DISASTER En FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL	nployer identification number 41-1998750
	41-1998750
FORM 990 PART VI LINE 15A - COMPENSATION REVIEW & APPROVAL	
FORM 990 PART VT LINE $15a - COMPENSATION REVIEW & APPROVAL$	
Total 350, That VI, BIAB 1511 COM ENDITION REVIEW & MITROVIE	PROCESS - CEO
& TOP MANAGEMENT: ADMINISTRATOR COMPENSATION IS SET BY THE BO	DARD OF
DIRECTORS BASED ON ITS KNOWLEDGE OF COMPENSATION IN SIMILAR M	NON-PROFIT
ORGANIZATIONS.	

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS -OFFICERS & KEY EMPLOYEES: COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BY THE ADMINISTRATOR AND APPROVED BY THE BOARD OF DIRECTORS WHEN THE BOARD APPROVES THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MN,NY,LA,NJ,DC,CA,MD,CO,FL,IL,OH,PA,AL,TN,AZ,MA,WI,KY,MI,TX,WA,GA,OR,SC,RI IN,NC,MS,CT,IA,PR,DE,NH,VA,MO,NE,ND,NV,OK

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

ALL FINANCIALS WILL BE DISCLOSED UPON A REASONABLE, WRITTEN REQUEST.