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| When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.   |
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** (Rev. January 2020)

Preparer

Use Only

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2019

Open to Public

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.

| Inter    | nal Rev  | enue Service       | ► Go to www.irs.gov   | /Form990 for instructions and          | the latest    | information.           |               | Inspection                  |
|----------|--|--------------------|---|--|---------------|------------------------|---------------|-----------------------------|
| ΑI       | For th   | e 2019 calen       | dar year, or tax year beginning   | and e                                  | ending        |                        |               |                             |
| В        | Check if   | C Name o           | of organization   |  |               | D Employer ide         | ntifica       | ation number                |
| _        |  |                    |   |  |               |                        |               |                             |
| Ļ        |  | ,                  | MIDDLE EAST INSTIT  | UTE                                    |               | F2 000                 | 4.00          | .0                          |
| F        | chan   | ge Doing i         | ousiness as   |  |               | 53-020                 |               | 18                          |
| F        | returr   | Numbe              | er and street (or P.O. box if mail is not de<br><b>9 18TH STREET NW</b>           | livered to street address)             | Room/suite    | E Telephone nui 202-78 |               | 1 / 1                       |
|          | termi  | n-                 |   | 710 f                                  |               | G Gross receipts \$    | 2-1           | 18,713,443.                 |
|          | □Amer  | nded TATA CT       | town, state or province, country, and ${\tt HINGTON}$ , ${\tt DC}$ 20036 –        |  |               | H(a) Is this a grou    | ın rot        |                             |
| F        |  |                    | and address of principal officer:PAU  |  |               | for subordin           | -             | 77                          |
|          |  |                    | AS C ABOVE  |  |               | H(b) Are all subordina |               |                             |
| Τ-       | Гах-ех   |                    |   | ◀ (insert no.) 4947(a)(1) o            | r 527         | 1                      |               | st. (see instructions)      |
|          |  |                    | ( ) ( )   | · (σ)                                  |               | H(c) Group exem        |               |                             |
|          |  |                    |   | ssociation Other                       | <b>L</b> Year |                        |               | State of legal domicile: DC |
|          |  | Summary            | /   |  | •             |                        |               |                             |
| -        | 1  | Briefly descri     | be the organization's mission or mos  | significant activities: TO PR          | ROMOTE        | KNOWLEDG               | E C           | F THE                       |
| ž        |  | MIDDLE             | EAST IN AMERICA AN  | D STRENGTHENING                        | UNDER         | STANDING               | OF            | THE UNITED                  |
| ž        | 2  | Check this be      | ox 🕨 🔲 if the organization disco  | ntinued its operations or dispos       | ed of more    | than 25% of its n      | et ass        |                             |
| ŏ        | 3  |                    | oting members of the governing body   |  |               |                        | 3             | 24                          |
| <u>ھ</u> | 4  |                    | dependent voting members of the go  |  |               |                        | 4             | 23                          |
| ies      | 5  |                    | r of individuals employed in calendar   |  |               |                        | 5             | 33                          |
| ĬΞ       | 6  |                    | r of volunteers (estimate if necessary)   |  |               |                        | 6             | 105                         |
| Act      | 1  |                    | ed business revenue from Part VIII, co  |  |               |                        | 7a            | 4,050.                      |
|          | b  | Net unrelated      | d business taxable income from Form   | 990-T, line 39                         |               |                        | 7b            | -1,000.                     |
|          |  |                    |   |  |               | Prior Year             | $\overline{}$ | Current Year                |
| ne       | 8  |                    | s and grants (Part VIII, line 1h)   |  |               | 2,702,81               |               | 3,108,532.                  |
| /en      | 1  | •                  |   |  |               | 901,39                 |               | 917,294.                    |
| Re       | l  |                    | ncome (Part VIII, column (A), lines 3, 4  |  |               | 557,80                 |               | 548,914.                    |
|          | 1  |                    | e (Part VIII, column (A), lines 5, 6d, 8d   |  |               | 39,49<br>4,201,50      |               | 41,609.                     |
|          | Check if change   Doing   Number of change   Change   Change   Change   Doing   Number of change   Change   Change   Number of change   Change |                    | e - add lines 8 through 11 (must equa   |  |               |                        | 0.            | 4,010,349.                  |
|          |  |                    | imilar amounts paid (Part IX, column  |  |               |                        | 0.            | 0.                          |
|          | 1  |                    | I to or for members (Part IX, column (  |  |               | 2,827,75               | -             | 2,842,698.                  |
| ses      |  |                    | er compensation, employee benefits  |  |               | 12,06                  |               | 0.                          |
| oeu      |  |                    | fundraising fees (Part IX, column (A),<br>sing expenses (Part IX, column (D), lir |  |               | 12,00                  | <del>  </del> | •                           |
| Ä        |  |                    | ses (Part IX, column (A), lines 11a-11c   | , · ·                                  |               | 2,633,89               | 5.            | 2,687,124.                  |
|          |  |                    | es. Add lines 13-17 (must equal Part  |  |               | 5,473,71               |               | 5,529,822.                  |
|          | 1  |                    | s expenses. Subtract line 18 from line  |  |               | -1,272,21              | $\frac{3}{2}$ | -913,473.                   |
| or       |  | 1101011401000      | oxponede. Gabriaet inte Te trem inte  | <u> </u>                               |               | ginning of Current Y   | _             | End of Year                 |
| ets      | 20   | Total assets       | (Part X, line 16)   |  |               | <u>31,517,67</u>       |               | 32,735,340.                 |
| ASS      | 21   |                    | s (Part X, line 26)   |  |               | 1,390,19               | 5.            | 1,570,759.                  |
| Fuet     | 22   |                    | r fund balances. Subtract line 21 fron  | line 20                                |               | 30,127,48              | 1.            | 31,164,581.                 |
| Pá       | art II   | Signatur           | e Block   |  |               |                        |               |                             |
| Und      | er pen   | alties of perjury, | , I declare that I have examined this return                                      | including accompanying schedules       | and statem    | ents, and to the best  | of my         | knowledge and belief, it is |
| true     | , corre  | ct, and complete   | e. Declaration of preparer (other than offic                                      | er) is based on all information of whi | ch preparer   | has any knowledge.     |               |                             |
|          |  | 01                 | us of officer   |  |               | D-1-                   |               |                             |
| Sig      | n  | 1,                 | re of officer   |  |               | Date                   |               |                             |
| Her      | e  |                    | ARA KALANDIYA, CFO  |  |               |                        |               |                             |
|          |  | +                  | print name and title  | T                                      | 1 -           | )ata I                 |               | II DTIN                     |
| Dai      | 4  | Print/Type pre     | eparer's name   | Preparer's signature                   |               | Date Chec if           | k             | PTIN                        |

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

COLUMBIA, MD 21044

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 10500 LITTLE PATUXENT PARKWAY,

JONES, MARESCA & MCQUADE, P.A.

Form **990** (2019)

X Yes No

Firm's EIN  $\searrow 52-1853933$ 

Phone no. 410 - 884 - 0220

SUITE 770

| Pai | Check if Schedule O contains a response or note to any line in this Part III  |
|-----|---|
|     |   |
| 1   | Briefly describe the organization's mission:  TO PROMOTE KNOWLEDGE OF THE MIDDLE EAST IN AMERICA AND STRENGTHEN   |
|     | UNDERSTANDING OF THE UNITED STATES BY THE PEOPLES AND GOVERNMENTS OF  |
|     | THE REGION.   |
|     | THE REGION:   |
|     | Did the organization undertake any significant program services during the year which were not listed on the  |
| 2   |   |
|     |   |
| •   | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3   |   |
|     | If "Yes," describe these changes on Schedule O.   |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                                |
| 4-  | revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,899,635 • including grants of \$ ) (Revenue \$ 436,442 • )                                     |
| 4a  | (Code: ) (Expenses \$ 2,899,635 including grants of \$ ) (Revenue \$ 436,442 including grants of \$ ) (Revenue \$ EXPLORE FOREIGN   |
|     | POLICY ISSUES RELATED TO THE CHALLENGES AND OPPORTUNITIES IN THE MIDDLE   |
|     | EAST. THEY PUBLISH THEIR FINDINGS AND COMMUNICATE THROUGH MEI'S   |
|     | COMMUNICATION CHANNELS AND THROUGH THE NATIONAL AND INTERNATIONAL   |
|     | MEDIA. THEY REGULARLY BRIEF POLICYMAKERS, US AND FOREIGN DIPLOMATS, AND   |
|     | THE INTERNATIONAL BUSINESS COMMUNITY ON ISSUES IMPACTING THE MIDDLE   |
|     | EAST, AND HAVE ADVISED THE HIGHEST LEVELS OF GOVERNMENT INCLUDING   |
|     | CABINET SECRETARIES AND THE WHITE HOUSE. MEI'S POLICY PROGRAM HAS GROWN   |
|     | ALONG WITH ITS OVERALL FORWARD TRAJECTORY. IN RECENT YEARS, MEI HAS   |
|     | ADDED TRACK II DIPLOMACY, COUNTER TERRORISM, AND OTHER SPECIAL FOCUS  |
|     | AREAS THAT MONITOR ONGOING DEVELOPMENTS IN CRITICAL AREAS. MEI'S  |
|     | TELEVISION STUDIO ENABLES SCHOLARS TO JOIN BROADCAST PROGRAMS FASTER  |
| 4b  | (Code: ) (Expenses \$ 516,359 • including grants of \$ ) (Revenue \$  |
| 40  | CENTER FOR ARTS AND CULTURE: SINCE ITS INCEPTION IN 2014, MEI'S ARTS  |
|     | AND CULTURE PROGRAM HAS BECOME A DESTINATION IN WASHINGTON, D.C. FOR  |
|     | AUDIENCES INTERESTED IN THE MIDDLE EAST'S DYNAMIC ARTS SCENE. MEI   |
|     | PROMOTES THE WORK OF ARTISTS, WRITERS AND FILMMAKERS FROM THE REGION,   |
|     | CONNECTING DC AUDIENCES WITH THE MIDDLE EAST'S VIBRANT ARTS AND CULTURE   |
|     | SECTOR.   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| 4c  | (Code: ) (Expenses \$ 420,037 • including grants of \$ ) (Revenue \$ 286,528 • )  |
|     | CENTER FOR EDUCATION (FORMERLY, CENTER FOR ACADEMICS): MEI PROVIDES   |
|     | ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF   |
|     | MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES   |
|     | INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND   |
|     | ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL   |
|     | EXPERIENCE TO THOSE SEEKING A GREATER UNDERSTANDING OF THE MIDDLE EAST.   |
|     | MEI'S LEADERSHIP DEVELOPMENT PROGRAM PROVIDES HANDS-ON TRAINING AND   |
|     | PROFESSIONAL DEVELOPMENT SEMINARS TO TOP UNIVERSITY STUDENTS AND RECENT   |
|     | GRADUATES WHO WORK ALONGSIDE MEI'S STAFF AND SCHOLARS ON RESEARCH   |
|     | PROJECTS, PUBLIC PROGRAMS, DEVELOPMENT INITIATIVES, AND EVENTS.   |
|     |   |
|     |   |
| 4d  | Other program services (Describe on Schedule O.)  |
|     | (Expenses \$ 370,875 • including grants of \$ ) (Revenue \$ 183,598 •)  |
| 4e  | Total program service expenses ► 4,206,906.   |
|     | Form <b>990</b> (2019   |

# Part IV Checklist of Required Schedules

|     |   |     | Yes | No   |
|-----|---|-----|-----|------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |      |
|     | If "Yes," complete Schedule A   | 1   | Х   |      |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 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   |     | х    |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5   |     | х    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |      |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |      |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | X    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | х    |
| 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  | Х   |      |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |     |      |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |     |     |      |
|     | Part VI   | 11a | Х   |      |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                    | 11b |     | х    |
| _   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   | 110 |     |      |
| C   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | x    |
| Ч   | 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   | 110 |     |      |
| u   | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | х    |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | Х    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |      |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | Х   |      |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |      |
|     | Schedule D, Parts XI and XII  | 12a | Х   |      |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |     |     |      |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | X    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | Х    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | X    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |      |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |     |     |      |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | X    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                              | 15  |     | 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  |     | X    |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |     |     |      |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17  |     | X    |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |     |     |      |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | X    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |     |     | 7,7  |
|     | complete Schedule G, Part III   | 19  |     | X    |
| 20a | 7 1   | 20a |     | X    |
|     | 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   |     |     | Х    |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | _4\_ |

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Form **990** (2019)

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Part IV Checklist of Required Schedules (continued)

|      |  |            |          | <u> </u>    |
|------|--|------------|----------|-------------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            | Yes      | No          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |          | х           |
| 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         | Х        |             |
| 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   | 24a        |          | x           |
| b    | Schedule K. If "No," go to line 25a  | 24a<br>24b |          |             |
|      | 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        |          |             |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |          |             |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |          |             |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |          | Х           |
| 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 |            |          |             |
|      |  | 25b        |          | x           |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 200        |          | <del></del> |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |          |             |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |          | Х           |
| 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  |            |          | 37          |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |          | X           |
| 28   | Was the organization a party to a business transaction with one of the following parties (see 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>  |            |          |             |
| _    | "Yes," complete Schedule L, Part IV  | 28a        |          | х           |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |          | Х           |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |            |          |             |
|      | "Yes," complete Schedule L, Part IV  | 28c        |          | X           |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |          | X           |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30         |          | X           |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |          | X           |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | <u> </u>   |          |             |
|      | Schedule N, Part II  | 32         |          | Х           |
| 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  |            |          | X           |
| 2F.c | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34<br>35a  | <u> </u> | X           |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | JJa        |          |             |
|      | 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   |            |          | 37          |
| 00   | 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 in Schedule O for Part VI, lines 11b and 19?   | 38         | х        |             |
| Pai  | Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance   | 30         |          |             |
|      | Check if Schedule O contains a response or note to any line in this Part V   |            |          |             |
|      |  |            | Yes      | No          |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |          |             |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |          |             |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            | v        |             |
|      | (gambling) winnings to prize winners?  | 1c         | X        |             |

932004 01-20-20

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

|     |  |                                       |     | Yes | No          |
|-----|--|---------------------------------------|-----|-----|-------------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                                       |     |     |             |
|     | filed for the calendar year ending with or within the year covered by this return  | 2a 33                                 |     |     |             |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?                                   | 2b  | Х   |             |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | )                                     |     |     |             |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                                       | 3a  | Х   |             |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  | 0                                     | 3b  | X   |             |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | authority over, a                     |     |     |             |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial a   | account)?                             | 4a  |     | Х           |
| 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 Art   | ccounts (FBAR).                       |     |     |             |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                                       | 5a  |     | Х           |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | ction?                                | 5b  |     | X           |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                                       | 5с  |     |             |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | e organization solicit                |     |     |             |
|     | any contributions that were not tax deductible as charitable contributions?  |                                       | 6a  |     | X           |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution   | ons or gifts                          |     |     |             |
|     | were not tax deductible?   |                                       | 6b  |     |             |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |                                       |     |     |             |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser                                    | vices provided to the payor?          | 7a  |     | X           |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |                                       | 7b  |     |             |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | · · · · · · · · · · · · · · · · · · · |     |     |             |
|     | to file Form 8282?   |                                       | 7с  |     | X           |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                                    |     |     |             |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   |                                       | 7e  |     | X           |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control   | act?                                  | 7f  |     | X           |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | orm 8899 as required?                 | 7g  |     |             |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |                                       | 7h  |     |             |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained   | -                                     |     |     |             |
|     | sponsoring organization have excess business holdings at any time during the year?   |                                       | 8   |     |             |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                                       |     |     |             |
| а   |  |                                       | 9a  |     |             |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$  |                                       | 9b  |     |             |
| 10  | Section 501(c)(7) organizations. Enter:  | 1                                     |     |     |             |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                                   |     |     |             |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                                   |     |     |             |
| 11  | Section 501(c)(12) organizations. Enter:   | 11a                                   |     |     |             |
| a   |  | 118                                   |     |     |             |
| D   | Gross income from other sources (Do not net amounts due or paid to other sources against   | 146                                   |     |     |             |
| 10- | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form              | 11b                                   | 100 |     |             |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                                   | 12a |     |             |
|     | · · · · · · · · · · · · · · · · · · ·  | 120                                   |     |     |             |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? |                                       | 13a |     |             |
| а   | Note: See the instructions for additional information the organization must report on Schedule O.  |                                       | ısa |     |             |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the   |                                       |     |     |             |
| b   | organization is licensed to issue qualified health plans   | 13b                                   |     |     |             |
| С   | Enter the amount of reserves on hand   | 13c                                   |     |     |             |
| 14a |  | <u> </u>                              | 14a |     | Х           |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   | le O                                  | 14b |     | <del></del> |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |                                       |     |     |             |
|     | excess parachute payment(s) during the year?   |                                       | 15  |     | x           |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |                                       | .5  |     |             |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investmen   | t income?                             | 16  |     | х           |
| . • | If "Yes," complete Form 4720, Schedule O.  |                                       |     |     |             |
|     |  |                                       |     |     |             |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI  |         |         |      |
|-----|--|---------|---------|------|
| 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  |         |         |      |
|     | 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 23   |         |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |         |      |
|     | officer, director, trustee, or key employee?   | 2       |         | X    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |         |      |
|     | of officers, directors, trustees, or key employees to a management company or other person?  | 3       |         | X    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |         | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |         | X    |
| 6   | Did the organization have members or stockholders?   | 6       |         | Х    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |         |         |      |
|     | more members of the governing body?  | 7a      |         | X    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |         |      |
|     | persons other than the governing body?   | 7b      |         | X    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |         |      |
| а   | The governing body?  | 8a      | X       |      |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b      | X       |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |         |      |
| _   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9       |         | X    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |         |         |      |
|     |  |         | Yes     | No   |
|     | Did the organization have local chapters, branches, or affiliates?   | 10a     |         | Х    |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |         |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |         | 37   |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     |         | X    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         | v       |      |
| 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 conflicts?  | 12b     | Х       |      |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         | v       |      |
|     | in Schedule O how this was done  | 12c     | X       |      |
| 13  | Did the organization have a written whistleblower policy?  | 13      | X       |      |
| 14  | Did the organization have a written document retention and destruction policy?   | 14      | Λ       |      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |         |         |      |
| _   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 1E-     | X       |      |
|     | The organization's CEO, Executive Director, or top management official   | 15a     | 21      | Х    |
| D   | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | 15b     |         | -2   |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |         |      |
| ioa |  | 16a     |         | Х    |
| h   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | IOa     |         |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |         |      |
|     | and the same of th | 16b     |         |      |
| Sec | exempt status with respect to such arrangements?   | 100     |         |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed NONE  |         |         |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)  | s only  | ) avail | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.  | y       | ,       |      |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)   |         |         |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an   | d finar | ncial   |      |
|     | statements available to the public during the tax year.  |         | •       |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records   |         |         |      |
|     | TAMARA KALANDIYA - 202-785-1141  |         |         |      |
|     | 1319 18TH STREET NW, WASHINGTON, DC 20036-2882   |         |         |      |

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

| (A)<br>Name and title      | (B)<br>Average<br>hours per                                | box                            | not c                 | ss pe   | ition<br>more<br>rson | than<br>is bot               | h an   | (D) Reportable compensation                    | (E) Reportable compensation                      | (F) Estimated amount of  |
|----------------------------|--|--------------------------------|-----------------------|---------|-----------------------|------------------------------|--------|--|--|--|
|                            | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) PAUL ERNEST SALEM      | 40.00  |                                |                       |         |                       |                              |        | 050 005  | 0  | 00 500   |
| PRESIDENT                  | 2 00   | Х                              |                       | Х       |                       |                              |        | 278,837.                                       | 0.   | 27,567.  |
| (2) RICHARD A. CLARKE      | 3.00   | ١,,                            |                       | ,,      |                       |                              |        |  | •  | _  |
| CHAIRMAN                   | 1 00   | Х                              |                       | Х       |                       |                              |        | 0.   | 0.   | 0.   |
| (3) ROBERT JORDAN          | 1.00   | ١                              |                       |         |                       |                              |        |  |  | _  |
| VICE-CHAIRMAN              | 1 00   | Х                              |                       | Х       |                       |                              |        | 0.   | 0.   | 0.   |
| (4) MARJORIE ADAMS         | 1.00   | ١                              |                       |         |                       |                              |        |  |  | _  |
| DIRECTOR                   | 1 00   | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (5) PATRICK BARRY          | 1.00   | ١                              |                       |         |                       |                              |        |  |  | _  |
| DIRECTOR                   | 1 00   | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (6) RAND BEERS             | 1.00   | ۱                              |                       |         |                       |                              |        |  | •  | •  |
| DIRECTOR                   | 1 00   | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (7) THOMAS CAMPBELL        | 1.00   | ۱                              |                       |         |                       |                              |        |  | •  | •  |
| DIRECTOR                   | 1 00   | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (8) GAIL DADY              | 1.00   | ۱                              |                       |         |                       |                              |        |  | •  | •  |
| DIRECTOR                   | 1 00   | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (9) PAULA DOBRIANSKY       | 1.00   | ۱                              |                       |         |                       |                              |        |  | •  | •  |
| DIRECTOR                   | 1  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (10) NIJAD FARES           | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR                   |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (11) SAMIA FAROUKI         | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR                   |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (12) JEFFREY FELTMAN       | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR AS OF SPRING 2019 | 1  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (13) ROBERT HARWARD        | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR                   |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (14) BRIAN HENDERSON       | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR                   |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (15) JAMES HOLMAN          | 1.00   | ļ                              |                       |         |                       |                              |        |  |  |  |
| DIRECTOR                   | 1  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (16) LOUIS HUGHES          | 1.00   | l                              |                       |         |                       |                              |        |  |  | _  |
| DIRECTOR AS OF SPRING 2019 |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.   |
| (17) HUNTER HUNT           | 1.00   | ۱                              |                       |         |                       |                              |        |  |  | _  |
| DIRECTOR AS OF SPRING 2019 |  | Х                              |                       |         |                       |                              |        | 0.   | 0.   | 0.<br>Form <b>990</b> (2010)                                       |

| Part VII Section A. Officers, Directors, True (A)                                     | (B)              |                       |                       |         | C)           |                              |                   | (D)                      | (E)                                   |                   |           | (F)     |     |
|---|------------------|-----------------------|-----------------------|---------|--------------|------------------------------|-------------------|--------------------------|---------------------------------------|-------------------|-----------|---------|-----|
| Name and title  | Average          |                       |                       | Pos     | itior        | 1                            |                   | Reportable               | Reportable                            |                   |           | mated   | 4   |
| Name and the  | hours per        |                       |                       |         |              | than                         |                   | · .                      | compensation                          |                   |           | ount o  | -   |
|   | week             |                       |                       |         |              | or/trus                      |                   | from                     | from related                          |                   |           | ther    | •   |
|   | (list any        | ctor                  |                       |         |              |                              |                   | the                      | organizations                         |                   | comp      | ensat   | ion |
|   | hours for        | r director            |                       |         |              | - B                          |                   | organization             | (W-2/1099-MISC)                       | )                 |           | m the   |     |
|   | related          | tee or                | ıstee                 |         |              | ensat                        |                   | (W-2/1099-MISC)          |                                       |                   | orgai     | nizatio | วท  |
|   | organizations    | Itrus                 | nal tri               |         | oyee         | dw                           |                   |                          |                                       |                   | and       | relate  | :d  |
|   | below            | Individual trustee or | Institutional trustee | Ser     | Key employee | Highest compensated employee | ner               |                          |                                       |                   | organ     | izatio  | ns  |
|   | line)            | In di                 | lnst                  | Officer | Key          | High                         | 虚                 |                          |                                       | 4                 |           |         |     |
| (18) ROBERT KAPLA   | 1.00             | ٠,,                   |                       |         |              |                              |                   |                          | ,                                     | .                 |           |         | ^   |
| DIRECTOR AS OF FALL 2019  | 1 00             | Х                     | _                     |         |              | _                            | _                 | 0.                       | 4                                     | ) •               |           |         | 0.  |
| (19) ANNE KEISER  | 1.00             | x                     |                       |         |              |                              |                   | 0.                       |                                       | ,                 |           |         | Λ   |
| DIRECTOR  | 1.00             | ^                     | -                     |         |              | -                            | <u> </u>          | 0.                       |                                       | ) •               |           |         | 0.  |
| (20) DEBORAH LEHR<br>DIRECTOR   | 1.00             | x                     |                       |         |              |                              |                   | 0.                       | ، ا                                   | ).                |           |         | 0.  |
| (21) JACK MOORE   | 1.00             | 122                   | $\vdash$              |         |              | $\vdash$                     |                   |                          |                                       | <del>'  </del>    |           |         |     |
| DIRECTOR  | 1100             | $\mathbf{x}$          |                       |         |              |                              |                   | 0.                       | ) (                                   | ).                |           |         | 0.  |
| (22) RICHARD MURPHY   | 1.00             | <del> </del>          |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
| DIRECTOR  |                  | X                     |                       |         |              |                              |                   | 0.                       | (                                     | ).                |           |         | 0.  |
| (23) GEORGE SALEM   | 1.00             |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
| DIRECTOR  |                  | X                     |                       |         |              |                              |                   | 0.                       | (                                     | ).                |           |         | 0.  |
| (24) WILLIAM WEBSTER  | 1.00             |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
| DIRECTOR UNTIL FALL 2019  |                  | X                     |                       |         |              |                              |                   | 0.                       | (                                     | ) •               |           |         | 0.  |
| (25) SUSAN ZIADEH   | 1.00             | ļ.,                   |                       |         |              |                              |                   |                          | ,                                     | $\backslash \mid$ |           |         | ^   |
| DIRECTOR  | 40.00            | X                     | -                     |         |              |                              |                   | 0.                       |                                       | ) •               |           |         | 0.  |
| (26) HAYLEY SMART<br>SECRETARY  | 40.00            | +                     |                       | X       |              |                              |                   | 53,745.                  | ,                                     | ).                | 7         | ,99     | חג  |
|   | 1                |                       |                       |         |              | <u> </u>                     |                   | 332,582.                 |                                       | ) .               |           | ,55     |     |
| 1b Subtotal c Total from continuation sheets to Part V                                | /II Section A    |                       |                       |         |              |                              |                   | 1,074,103.               |                                       | ).                |           | ,75     |     |
| d Total (add lines 1b and 1c)   |                  |                       |                       |         |              |                              |                   | 1,406,685.               |                                       | ).                | 129       |         |     |
| Total number of individuals (including but  |                  |                       |                       |         |              |                              |                   |                          | 0.000 of reportable                   |                   |           |         | _   |
| compensation from the organization  |                  |                       |                       |         |              | ,                            |                   | ·                        | ,                                     |                   |           |         | 8   |
| <u> </u>  |                  |                       |                       |         |              |                              |                   |                          |                                       |                   | ١         | es      | No  |
| 3 Did the organization list any former officer  |                  |                       | •                     |         | •            |                              | •                 |                          | •                                     |                   |           |         |     |
| line 1a? If "Yes," complete Schedule J for  | such individual  |                       |                       |         |              |                              |                   |                          |                                       |                   | 3         |         | X   |
| 4 For any individual listed on line 1a, is the s                                      | •                |                       |                       |         |              |                              |                   | •                        | •                                     | - 1               |           | ,       |     |
| and related organizations greater than \$15   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   | 4         | X       |     |
| 5 Did any person listed on line 1a receive or   | •                |                       |                       |         | •            | •                            |                   | · ·                      |                                       |                   | _         |         | х   |
| rendered to the organization? If "Yes," cor<br>Section B. Independent Contractors     | ripiete Scriedai | <del>e</del> J i      | 01 3                  | исп     | pers         | 5011                         |                   |                          |                                       |                   | 5         |         |     |
| Complete this table for your five highest co  | ompensated in    | dep                   | ende                  | ent c   | ont          | racto                        | ors ·             | that received more than  | \$100.000 of compe                    | ensa              | ation fro | om      |     |
| the organization. Report compensation for   | =                | -                     |                       |         |              |                              |                   |                          | · · · · · · · · · · · · · · · · · · · |                   |           |         |     |
| (A)   |                  |                       |                       |         |              |                              |                   | (B)                      |                                       |                   | (C)       |         |     |
| Name and business   | s address        | N                     | INC                   | E       |              |                              |                   | Description of s         | services                              | Co                | ompens    | ation   | 1   |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
|   |                  |                       |                       |         |              |                              |                   |                          |                                       |                   |           |         |     |
| 2 Total number of independent contractors   | (including but : | no+ 1:                | mita                  | d +c    | the          | SO 1:                        | C+C               | d abovo) who received =  | nore than                             |                   |           |         |     |
| 2 Total number of independent contractors<br>\$100,000 of compensation from the organ |                  | IUL II                | iiile                 | u iO    |              | 0<br>0                       | ડા <del>ଟ</del> ( | a above, who received th | IOIG HIAH                             |                   |           |         |     |

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| Form 990 THE MIDD                            | LE EAST           | II                            | <u> 181</u>           | ri:     | ru:          | ΓE                           |        |                    | 53-020           | 4608                        |
|--|-------------------|-------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------|------------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı    | nplo                          | oyee                  | s, a    | nd l         | High                         | est    | Compensated Employ | rees (continued) |                             |
| (A)  | (B)               |                               | _                     |         | C)           |                              |        | (D)                | (E)              | (F)                         |
| Name and title                               | Average           |                               |                       | Pos     | -            | 1                            |        | Reportable         | Reportable       | Estimated                   |
|  | hours             | (c                            |                       |         |              | арр                          | ly)    | compensation       | compensation     | amount of                   |
|  | per               |                               |                       |         |              |                              |        | from               | from related     | other                       |
|  | week              | L                             |                       |         |              | oyee                         |        | the                | organizations    | compensation                |
|  | (list any         | irecto                        |                       |         |              | empl                         |        | organization       | (W-2/1099-MISC)  | from the                    |
|  | hours for related | e or d                        | tee                   |         |              | sated                        |        | (W-2/1099-MISC)    |                  | organization<br>and related |
|  | organizations     | ndividual trustee or director | Institutional trustee |         | ee/          | Highest compensated employee |        |                    |                  | organizations               |
|  | below             | dualt                         | ntiona                | _       | Key employee | stco                         | <br>   |                    |                  | organization o              |
|  | line)             | Indivi                        | Instit                | Officer | Key e        | Highe                        | Former |                    |                  |                             |
| (27) TAMARA KALANDIYA, BOARD TREASUR         | 40.00             |                               |                       |         |              |                              |        |                    |                  |                             |
| CHIEF FINANCIAL OFFICER                      |                   |                               |                       | Х       |              |                              |        | 215,113.           | 0.               | 29,047.                     |
| (28) KATE SEELYE                             | 40.00             |                               |                       |         |              |                              |        | ,                  |                  | ·                           |
| SENIOR VICE PRESIDENT                        |                   |                               |                       | Х       |              |                              |        | 173,012.           | 0.               | 11,174.                     |
| (29) KEVIN C. COWL                           | 40.00             |                               |                       |         |              |                              |        | -                  |                  | -                           |
| VP FOR DEVELOPMENT                           |                   |                               |                       | Х       |              |                              |        | 141,700.           | 0.               | 9,385.                      |
| (30) GERALD MICHAEL FEIERSTEIN               | 40.00             |                               |                       |         |              |                              |        | ,                  |                  | <u> </u>                    |
| DIR. FOR GULF AFFAIRS & GO                   |                   |                               |                       |         |              | Х                            |        | 163,559.           | 0.               | 420.                        |
| (31) BILAL SAAB, DIRECTOR OF THE             | 40.00             |                               |                       |         |              |                              |        | -                  |                  |                             |
| DEFENSE & SECURITY PROGRAM                   |                   |                               |                       |         |              | X                            |        | 146,569.           | 0.               | 23,962.                     |
| (32) MIRETTE F MABROUK                       | 40.00             |                               |                       |         |              |                              |        |                    |                  |                             |
| SENIOR FELLOW, DIR OF EGYPT PROGRAM          |                   |                               |                       |         |              | X                            |        | 121,501.           | 0.               | 0.                          |
| (33) CHARLES LISTER, DIRECTOR OF             | 40.00             |                               |                       |         |              |                              |        |                    |                  |                             |
| TURKISH STUDIES                              |                   |                               |                       |         |              | X                            |        | 112,649.           | 0.               | 19,770.                     |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       | _       |              |                              |        |                    |                  |                             |
|  |                   | ļ                             |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               | _                     | _       |              | _                            |        |                    |                  |                             |
|  |                   | ł                             |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        |                    |                  |                             |
|  |                   |                               |                       |         |              |                              |        | 1 074 102          |                  | 02 750                      |
| Total to Part VII, Section A, line 1c        |                   |                               |                       |         |              |                              |        | 1,074,103.         |                  | 93,758.                     |

Form 990 (2019) THE MID:
Part VIII Statement of Revenue

|  |    |          | Check if Schedule O               | conta   | ains a re   | sponse  | or note to any lin | ne in this Part VIII |                   |                  |                                    |
|--|----|----------|-----------------------------------|---------|-------------|---------|--------------------|----------------------|-------------------|------------------|------------------------------------|
|  |    |          |                                   |         |             | •       | ,                  | (A)                  | (B)               | (C)              | (D)                                |
|  |    |          |                                   |         |             |         |                    | Total revenue        | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |    |          |                                   |         |             |         |                    |                      | function revenue  | business revenue | sections 512 - 514                 |
| ts ts  | 1  | <u> </u> | Federated campaigns               |         | 1           | a       |                    |                      |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts |    |          | Membership dues                   |         |             |         |                    |                      |                   |                  |                                    |
| ٩  |    |          | Fundraising events                |         |             | -       |                    |                      |                   |                  |                                    |
| ifts   |    |          | Related organizations             |         |             | d       |                    |                      |                   |                  |                                    |
| nis,   |    |          | Government grants (contr          |         |             |         |                    |                      |                   |                  |                                    |
| Sir  |    |          | All other contributions, gifts,   |         | · -         | =       |                    |                      |                   |                  |                                    |
| her  |    | ٠        | similar amounts not included      |         |             |         | 3 108 532          |                      |                   |                  |                                    |
| B를   |    |          |                                   |         |             | _       | 3,108,532.         |                      |                   |                  |                                    |
| in S   |    | _        | Noncash contributions included in |         | _           | g  \$   |                    | 3,108,532.           |                   |                  |                                    |
| <u> </u>   |    | n        | Total. Add lines 1a-1f            |         |             |         | Business Code      | 3,100,332.           |                   |                  |                                    |
|  | _  |          | CENTED FOR DOLLOW O               | miin.   | TEC         |         | 900099             | 426 442              | 426 442           |                  |                                    |
| ice  | 2  |          | CENTER FOR POLICY S               |         | LES         |         |                    | 436,442.             | 436,442.          |                  |                                    |
| yer<br>ue  |    | b        | CENTER FOR EDUCATION              |         | DIIDI I     |         | 611600             | 286,528.             | 286,528.          | 4.050            |                                    |
| m S  |    | -        | MIDDLE EAST JOURNAL               | ANI     | D LORF      | CATI    | 541800             | 151,043.             | , <u> </u>        | 4,050.           |                                    |
| gra<br>Re  |    | -        | MEMBERSHIP DUES                   |         |             |         | 900099             | 32,555.              | -                 |                  |                                    |
| Program Service<br>Revenue                             |    | -        | OTHER PROGRAM INCOM               |         |             |         | 900099             | 10,726.              | 10,726.           |                  |                                    |
| ъ  |    |          | All other program service         |         |             |         |                    |                      |                   |                  |                                    |
| $\overline{}$  |    | g        | Total. Add lines 2a-2f            |         |             |         |                    | 917,294.             |                   |                  |                                    |
|  | 3  |          | Investment income (include        |         |             |         |                    |                      |                   |                  |                                    |
|  |    |          | other similar amounts)            |         |             |         |                    | 495,015.             |                   |                  | 495,015.                           |
|  | 4  |          | Income from investment of         |         | •           |         | •                  |                      |                   |                  |                                    |
|  | 5  |          | Royalties                         |         |             |         |                    | 244.                 |                   |                  | 244.                               |
|  |    |          |                                   |         | - ''        | leal    | (ii) Personal      |                      |                   |                  |                                    |
|  | 6  | а        | Gross rents                       | 6a      | 3           | 6,464.  | <b>+</b>           |                      |                   |                  |                                    |
|  |    | b        | Less: rental expenses             | 6b      |             | 0.      |                    |                      |                   |                  |                                    |
|  |    | С        | Rental income or (loss)           | 6с      | 3           | 6,464.  |                    |                      |                   |                  |                                    |
|  |    | d        | Net rental income or (loss        | <u></u> |             |         |                    | 36,464.              |                   |                  | 36,464.                            |
|  | 7  | а        | Gross amount from sales of        |         | (i) Sec     | urities | (ii) Other         |                      |                   |                  |                                    |
|  |    |          | assets other than inventory       | 7a      | 14,15       | 0,993.  |                    |                      |                   |                  |                                    |
|  |    | b        | Less: cost or other basis         |         |             |         |                    |                      |                   |                  |                                    |
| ne   |    |          | and sales expenses                |         | 14,09       |         |                    |                      |                   |                  |                                    |
| ther Revenue   |    | С        | Gain or (loss)                    | 7с      | 5           | 3,899.  |                    |                      |                   |                  |                                    |
| Be   |    | d        | Net gain or (loss)                |         |             |         |                    | 53,899.              |                   |                  | 53,899.                            |
| her  |    |          | Gross income from fundraising     |         |             |         |                    |                      |                   |                  |                                    |
| ŏ  |    |          | including \$                      |         | C           | f       |                    |                      |                   |                  |                                    |
|  |    |          | contributions reported on         | line    | 1c). See    |         |                    |                      |                   |                  |                                    |
|  |    |          | Part IV, line 18                  |         |             | 8a      |                    |                      |                   |                  |                                    |
|  |    | b        | Less: direct expenses             |         |             |         |                    |                      |                   |                  |                                    |
|  |    | С        | Net income or (loss) from         | fund    | Iraising e  | vents   |                    |                      |                   |                  |                                    |
|  | 9  | а        | Gross income from gamin           | g ac    | tivities. S | See     |                    |                      |                   |                  |                                    |
|  |    |          | Part IV, line 19                  |         |             |         |                    |                      |                   |                  |                                    |
|  |    | b        | Less: direct expenses             |         |             |         |                    |                      |                   |                  |                                    |
|  |    | С        | Net income or (loss) from         | gam     | ing activ   | ities   |                    |                      |                   |                  |                                    |
|  |    |          | Gross sales of inventory, I       |         |             |         |                    |                      |                   |                  |                                    |
|  |    |          | and allowances                    |         |             | 10a     |                    |                      |                   |                  |                                    |
|  |    | b        | Less: cost of goods sold          |         |             |         |                    |                      |                   |                  |                                    |
|  |    |          | Net income or (loss) from         |         |             |         | <b></b>            |                      |                   |                  |                                    |
| <u></u>  |    |          | ()                                |         |             | ,       | Business Code      |                      |                   |                  |                                    |
| Miscellaneous<br>Revenue                               | 11 | а        | MISC. SALES                       |         |             |         | 900099             | 4,901.               |                   |                  | 4,901.                             |
| lg al  |    | b        |                                   |         |             |         |                    | , ,                  |                   |                  | ,                                  |
|  |    | c        |                                   |         |             |         |                    |                      |                   |                  |                                    |
| <u> </u> 38  |    |          | All other revenue                 |         |             |         |                    |                      |                   |                  |                                    |
| ≥  |    |          | Total. Add lines 11a-11d          |         |             |         | <b>&gt;</b>        | 4,901.               |                   |                  |                                    |
|  | 12 | _        | Total revenue. See instruction    |         |             |         |                    | 4,616,349.           | 913,244.          | 4,050.           | 590,523.                           |

932009 01-20-20

# Part IX | Statement of Functional Expenses

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

|        | ion 501(c)(3) and 501(c)(4) organizations must com<br>Check if Schedule O contains a respon  |                     |                          |                                 | X                         |
|--------|--|---------------------|--------------------------|---------------------------------|---------------------------|
| Do     | not include amounts reported on lines 6b,  | (A)                 | (B)                      | (C)                             | <b>(D)</b><br>Fundraising |
| 7b,    | 8b, 9b, and 10b of Part VIII.  | Total expenses      | Program service expenses | Management and general expenses | 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,   | 0.45 550            | E06 400                  | F0 0F0                          | 100 005                   |
|        | trustees, and key employees  | 947,570.            | 786,493.                 | 58,050.                         | 103,027                   |
| 6      | Compensation not included above to disqualified  |                     |                          |                                 |                           |
|        | persons (as defined under section 4958(f)(1)) and  |                     |                          |                                 |                           |
|        | persons described in section 4958(c)(3)(B)   | 4 505 004           | 1 000 000                | 25.066                          | 460 040                   |
| 7      | Other salaries and wages   | 1,537,231.          | 1,282,322.               | 87,066.                         | 167,843                   |
| 8      | Pension plan accruals and contributions (include   | 60 000              | 40 000                   | 6 533                           | 6 400                     |
|        | section 401(k) and 403(b) employer contributions)  | 62,292.             | 49,076.                  | 6,733.                          | 6,483<br>12,563           |
| 9      | Other employee benefits  | 120,689.            | 95,082.                  | 13,044.                         |                           |
| 10     | Payroll taxes  | 174,916.            | 132,709.                 | 21,509.                         | 20,698                    |
| 11     | Fees for services (nonemployees):  |                     |                          |                                 |                           |
| а      | Management   | 0 563               | C 2C2                    | 1 000                           | 1 224                     |
| b      | Legal  | 9,563.              | 6,263.                   | 1,966.                          | 1,334<br>3,692            |
| С      | Accounting   | 26,469.             | 17,335.                  | 5,442.                          | 3,694                     |
| d      | Lobbying   |                     |                          |                                 |                           |
| е      | Professional fundraising services. See Part IV, line 17  | 20 102              |                          | 20 102                          |                           |
| f      | Investment management fees   | 30,103.             |                          | 30,103.                         |                           |
| g      | Other. (If line 11g amount exceeds 10% of line 25,   | 754 207             | 402 051                  | 155 057                         | 10E 100                   |
|        | column (A) amount, list line 11g expenses on Sch O.)   | 754,207.<br>68,445. | 493,951.<br>56,298.      | 155,057.                        | 105,199                   |
| 12     | Advertising and promotion  | 334,950.            | 90,922.                  | 239,658.                        | 8,024<br>4,370            |
| 13     | Office expenses  | 334,930.            | 90,944.                  | 239,030.                        | 4,370                     |
| 14     | Information technology   |                     |                          |                                 |                           |
| 15     | Royalties  | 466,258.            | 359,529.                 | 64,966.                         | 41,763                    |
| 16     | Occupancy  | 225,574.            | 209,789.                 | 4,085.                          | 11,700                    |
| 17     | Travel   | 223,374.            | 209,109.                 | 4,003.                          | 11,700                    |
| 18     | Payments of travel or entertainment expenses   |                     |                          |                                 |                           |
| 40     | for any federal, state, or local public officials  | 378,262.            | 359,715.                 | 2,468.                          | 16,079                    |
| 19     | Conferences, conventions, and meetings   | 370,202•            | 333,113.                 | 2, ±00•                         | 10,013                    |
| 20     | Interest  Payments to offiliates   |                     |                          | +                               |                           |
| 21     | Payments to affiliates   | 200,162.            | 154,125.                 | 28,022.                         | 18,015                    |
| 22     | Depreciation, depletion, and amortization Insurance  | 60,487.             | 6,780.                   | 53,707.                         | 10,013                    |
| 23     | Other expenses. Itemize expenses not covered   | 00,407.             | 0,700.                   | 33,707                          |                           |
| 24     | above (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                     |                          |                                 |                           |
| а      | PRINTING AND PUBLICATIO  | 68,090.             | 54,220.                  | 8,941.                          | 4,929                     |
| a<br>b | DUES AND SUBSCRIPTIONS   | 52,555.             | 49,892.                  | 2,050.                          | 613                       |
| c      | MISCELLANEOUS  | 9,279.              |                          | 9,279.                          |                           |
| d      | BAD DEBT EXPENSE   | 2,720.              | 2,405.                   | 315.                            |                           |
| -      | All other expenses   | , , ,               | ,                        |                                 |                           |
| 25     | Total functional expenses. Add lines 1 through 24e   | 5,529,822.          | 4,206,906.               | 796,584.                        | 526,332                   |
| 26     | Joint costs. Complete this line only if the organization   |                     | . ,                      | ,                               | , <u>-</u>                |
|        | reported in column (B) joint costs from a combined   |                     |                          |                                 |                           |
|        | educational campaign and fundraising solicitation.   |                     |                          |                                 |                           |
|        | Check here if following SOP 98-2 (ASC 958-720)   |                     |                          |                                 |                           |
|        | 0.01-20-20   | I                   | I                        |                                 | Form <b>990</b> (201)     |

| Pa                          | rt X | Balance Sheet  |         |                       |                                 |            |                           |
|-----------------------------|------|--|---------|-----------------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or not       | e to ar | y line in this Part X |                                 |            |                           |
|                             |      |  |         |                       | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                          |         |                       | 488,083.                        | 1          | 301,604.                  |
|                             | 2    | Savings and temporary cash investments               |         |                       |                                 | 2          |                           |
|                             | 3    | Pledges and grants receivable, net                   |         |                       | 663,716.                        | 3          | 1,057,000                 |
|                             | 4    | Accounts receivable, net                             |         |                       | 138,351.                        | 4          | 133,536                   |
|                             | 5    | Loans and other receivables from any current or      |         |                       |                                 |            |                           |
|                             |      | trustee, key employee, creator or founder, subs      | antial  | contributor, or 35%   |                                 |            |                           |
|                             |      | controlled entity or family member of any of the     | se pers | ons                   |                                 | 5          |                           |
|                             | 6    | Loans and other receivables from other disquali      | fied pe | rsons (as defined     |                                 |            |                           |
|                             |      | under section 4958(f)(1)), and persons described     | d in se | ction 4958(c)(3)(B)   |                                 | 6          |                           |
| ţ                           | 7    | Notes and loans receivable, net                      |         |                       |                                 | 7          |                           |
| Assets                      | 8    | Inventories for sale or use                          |         |                       |                                 | 8          |                           |
| ⋖                           | 9    | B  |         |                       | 195,376.                        | 9          | 56,912                    |
|                             | 10a  | Land, buildings, and equipment: cost or other        |         |                       |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D                | 10a     | 17,510,179.           |                                 |            |                           |
|                             | b    | Less: accumulated depreciation                       | 10b     | 2,427,740.            | 9,242,791.                      |            | 15,082,439                |
|                             | 11   | Investments - publicly traded securities             |         |                       | 19,612,127.                     | 11         | 14,798,817                |
|                             | 12   | Investments - other securities. See Part IV, line    | 1       |                       |                                 | 12         |                           |
|                             | 13   | Investments - program-related. See Part IV, line     | 11      |                       |                                 | 13         |                           |
|                             | 14   | Intangible assets                                    |         |                       |                                 | 14         |                           |
|                             | 15   | Other assets. See Part IV, line 11                   |         |                       | 1,177,232.                      | 15         | 1,305,032                 |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ       |         | _ <del>_</del>        | 31,517,676.                     | 16         | 32,735,340                |
|                             | 17   | Accounts payable and accrued expenses                |         |                       | 894,686.                        | 17         | 584,494                   |
|                             | 18   | Grants payable  Deferred revenue                     |         | 405 500               | 18                              | 006 065    |                           |
|                             | 19   |  |         | 495,509.              | 19                              | 986,265    |                           |
|                             | 20   | Tax-exempt bond liabilities                          |         |                       |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Complete      |         |                       |                                 | 21         |                           |
| ies                         | 22   | Loans and other payables to any current or forn      |         |                       |                                 |            |                           |
| ij                          |      | trustee, key employee, creator or founder, subs      |         |                       |                                 |            |                           |
| Liabilities                 |      | controlled entity or family member of any of the     | -       |                       |                                 | 22         |                           |
|                             | 23   | Secured mortgages and notes payable to unrela        |         |                       |                                 | 23         |                           |
|                             | 24   | Unsecured notes and loans payable to unrelate        |         |                       |                                 | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax, pa  |         |                       |                                 |            |                           |
|                             |      | parties, and other liabilities not included on lines | 17-24   | ). Complete Part X    |                                 |            |                           |
|                             |      | of Schedule D  |         |                       | 1,390,195.                      | 25         | 1,570,759.                |
|                             | 26   | Total liabilities. Add lines 17 through 25           |         |                       | 1,390,193.                      | 26         | 1,370,739                 |
| S                           |      | Organizations that follow FASB ASC 958, che          | ck ner  | e 🕨 🔼                 |                                 |            |                           |
| Š                           |      | and complete lines 27, 28, 32, and 33.               |         |                       | 25,793,625.                     | 07         | 26,080,958                |
| 3ale                        | 27   | Net assets without donor restrictions                |         |                       | 4,333,856.                      | 27         | 5,083,623                 |
| ğ                           | 28   | Net assets with donor restrictions                   |         |                       | 4,555,650.                      | 28         | 3,003,023                 |
| Ξ                           |      | Organizations that do not follow FASB ASC 9          | 58, cn  | eck nere 🕨 📖          |                                 |            |                           |
| ō                           |      | and complete lines 29 through 33.                    |         |                       |                                 | 00         |                           |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current funds   |         |                       |                                 | 29<br>30   |                           |
| 4ss                         | 30   | Paid-in or capital surplus, or land, building, or ed |         |                       |                                 |            |                           |
| et/                         | 31   | Retained earnings, endowment, accumulated in         |         |                       | 30,127,481.                     | 31<br>32   | 31,164,581.               |
| Z                           | 32   | Total liabilities and not assets/fund balances       |         | ı                     | 31,517,676.                     | 33         | 32,735,340                |
|                             | 33   | Total liabilities and net assets/fund balances       |         |                       | JI,JII,010 •                    | <b>ა</b> პ | 52,755,540                |

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| -orm | 1990 (2019) THE MIDDLE EAST INSTITUTE   | 33-02      | 04000 | Pa  | ge I∠ |
|------|---|------------|-------|-----|-------|
| Pa   | rt XI Reconciliation of Net Assets  |            |       |     |       |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |            |       |     |       |
|      |   |            |       |     |       |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 4,61  |     |       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 5,52  |     |       |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3          | -91   |     |       |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4          | 30,12 |     |       |
| 5    | Net unrealized gains (losses) on investments  | 5          | 1,95  | 0,5 | 73.   |
| 6    | Donated services and use of facilities  | 6          |       |     |       |
| 7    | Investment expenses   | 7          |       |     |       |
| 8    | Prior period adjustments  | 8          |       |     |       |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 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         | 31,16 | 4,5 | 81.   |
| Pa   | rt XII Financial Statements and Reporting   |            |       |     |       |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |            |       |     | X     |
|      |   |            |       | Yes | No    |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            | _     |     |       |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.         |       |     |       |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |            | 2a    |     | X     |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | l on a     |       |     |       |
|      | separate basis, consolidated basis, or both:  |            |       |     |       |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |       |     |       |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |            | 2b    | X   |       |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat     | e basis,   |       |     |       |
|      | consolidated basis, or both:  |            |       |     |       |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |       |     |       |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audit,   |       |     |       |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |            | 2c    | X   |       |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch   | edule O.   |       |     |       |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ıgle Audit |       |     |       |
|      | Act and OMB Circular A-133?   |            | За    |     | X     |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ   | red audit  |       |     |       |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE MIDDLE EAST INSTITUTE 53-0204608 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

| Section B. Total Support   Subtract line 5 from line 4   Section B. Total Support   Calendar year (or fiscal year beginning in)  | Sec   | ction A. Public Support                                      |                             |                      |                      |                           |                     |           |
|--|-------|--|-----------------------------|----------------------|----------------------|---------------------------|---------------------|-----------|
| membership fees received. (Do not include any "unusual grants.")  2 Tax reverues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 209 , 397 . 265 , 069 . 416 , 652 . 587 , 291 . 531 , 723 . 2010132  9 Net income from ontidude gain or loss from the sale of capital assets (Explain in Part VI.)  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  | Caler | ndar year (or fiscal year beginning in) 🕨                    | (a) 2015                    | <b>(b)</b> 2016      | (c) 2017             | (d) 2018                  | (e) 2019            | (f) Total |
| 2954806. 22903112. 3400139. 2702810. 3108532. 35069399  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) > 2954806. 22903112. 3400139. 2702810. 3108532. 35069399  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.)  10 Gross receipts from related activities, etc. (see instructions)  29 Explain in Part VI.)  10 Gross receipts from related activities, etc. (see instructions)   | 1     | Gifts, grants, contributions, and                            |                             |                      |                      |                           |                     |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2015  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)   |       | membership fees received. (Do not                            |                             |                      |                      |                           |                     |           |
| 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  |       | include any "unusual grants.")                               | 2954806.                    | 22903112.            | 3400139.             | 2702810.                  | 3108532.            | 35069399. |
| or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3   | 2     | Tax revenues levied for the organ-                           |                             |                      |                      |                           |                     |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  |       | ization's benefit and either paid to                         |                             |                      |                      |                           |                     |           |
| furnished by a governmental unit to the organization without charge  4   |       | or expended on its behalf                                    |                             |                      |                      |                           |                     |           |
| the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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.)  17 Total support. Add lines 7 through 10  18 Gross receipts from related activities, etc. (see instructions)  29 Section B. Total Support  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2018 (e) 2019 (f) To | 3     | The value of services or facilities                          |                             |                      |                      |                           |                     |           |
| 4 Total. Add lines 1 through 3   |       | furnished by a governmental unit to                          |                             |                      |                      |                           |                     |           |
| 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)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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.)  11 Total support. Albitract line 5 from line 4  20141915  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2954806. 22903112. 3400139. 2702810. 3108532. 35069399  4 (c) 2017 (d) 2018 (e) 2019 (f) Total 3400139. 2702810. 3108532. 35069399  4 16, 652. 587, 291. 531, 723. 2010132  7 173. 7, 558. 8, 299. 8, 512. 4, 901. 36, 443  11 Total support. Albitract line 5 from line 4  7 173. 7, 558. 8, 299. 8, 512. 4, 901. 36, 443  11 Total support. Albitract line 5 from related activities, etc. (see instructions)   |       | the organization without charge                              |                             |                      |                      |                           |                     |           |
| 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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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.)  11 Total support. Add lines 7 through 10 gross receipts from related activities, etc. (see instructions)  | 4     | Total. Add lines 1 through 3                                 | 2954806.                    | 22903112.            | 3400139.             | 2702810.                  | 3108532.            | 35069399. |
| 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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  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.)  10 Gross receipts from related activities, etc. (see instructions)  |       |  |                             |                      |                      |                           |                     |           |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2954806. 22903112. 3400139. 2702810. 3108532. 35069399  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  |       | ·  |                             |                      |                      |                           |                     |           |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20141915  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2954806 · 22903112 · 3400139 · 2702810 · 3108532 · 35069399  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.) 7 , 173 · 7 , 558 · 8 , 299 · 8 , 512 · 4 , 901 · 36 , 443  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions) 12 6 , 865 , 580   |       | • •  |                             |                      |                      |                           |                     |           |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20141915  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 2954806 · 22903112 · 3400139 · 2702810 · 3108532 · 35069399  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.) 7 , 173 · 7 , 558 · 8 , 299 · 8 , 512 · 4 , 901 · 36 , 443  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions) 12 6 , 865 , 580   |       | supported organization) included                             |                             |                      |                      |                           |                     |           |
| column (f) 20141915 6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  |       |  |                             |                      |                      |                           |                     |           |
| Section B. Total Support         Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total         7 Amounts from line 4       2954806.22903112.3400139.2702810.3108532.35069399         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       209,397.265,069.416,652.587,291.531,723.2010132         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       7,173.7,558.8,299.8,512.4,901.36,443         11 Total support. Add lines 7 through 10       Gross receipts from related activities, etc. (see instructions)       12  |       | amount shown on line 11,                                     |                             |                      |                      |                           |                     |           |
| Section B. Total Support   Subtract line 5 from line 4.   Section B. Total Support   |       |  |                             |                      |                      |                           |                     | 20141915. |
| Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4       2954806.22903112.3400139.2702810.3108532.35069399         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       209,397.265,069.416,652.587,291.531,723.2010132         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.)       7,173.7,558.8,299.8,512.4,901.36,443         11 Total support. Add lines 7 through 10       37115974         12 Gross receipts from related activities, etc. (see instructions)   | 6     |  |                             |                      |                      |                           |                     | 14927484. |
| 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  2954806.22903112.3400139.2702810.3108532.35069399  209,397.265,069.416,652.587,291.531,723.2010132  209,397.265,069.416,652.587,291.531,723.2010132  3108532.35069399  209,397.265,069.416,652.587,291.531,723.2010132   |       |  |                             |                      |                      |                           |                     |           |
| 7 Amounts from line 4       2954806.22903112.3400139.2702810.3108532.35069399         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       209,397.265,069.416,652.587,291.531,723.2010132         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       7,173.7,558.8,299.8,512.4,901.36,443         11 Total support. Add lines 7 through 10       37115974         12 Gross receipts from related activities, etc. (see instructions)   | Cale  | ndar year (or fiscal year beginning in)                      | (a) 2015                    | <b>(b)</b> 2016      | (c) 2017             | (d) 2018                  | (e) 2019            | (f) Total |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  209,397. 265,069. 416,652. 587,291. 531,723. 2010132  4,901. 36,443  37115974   | 7     | Amounts from line 4  | 2954806.                    | 22903112.            | 3400139.             | 2702810.                  | 3108532.            | 35069399. |
| securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  209,397. 265,069. 416,652. 587,291. 531,723. 2010132  371,723. 2010132  4,901. 36,443  37115974  |       |  |                             |                      |                      |                           |                     |           |
| securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  209,397. 265,069. 416,652. 587,291. 531,723. 2010132  371,723. 2010132  4,901. 36,443  37115974  |       | dividends, payments received on                              |                             |                      |                      |                           |                     |           |
| and income from similar sources 209,397. 265,069. 416,652. 587,291. 531,723. 2010132  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.) 7,173. 7,558. 8,299. 8,512. 4,901. 36,443  11 Total support. Add lines 7 through 10 37115974  12 Gross receipts from related activities, etc. (see instructions) 12 6,865,580  |       | -  |                             |                      |                      |                           |                     |           |
| 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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)   |       | -  | 209,397.                    | 265,069.             | 416,652.             | 587,291.                  | 531,723.            | 2010132.  |
| business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,173. 7,558. 8,299. 8,512. 4,901. 36,443.  11 Total support. Add lines 7 through 10 37115974.  12 Gross receipts from related activities, etc. (see instructions) 12 6,865,580.  |       | ***  | -                           | -                    | -                    | -                         | -                   |           |
| business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,173. 7,558. 8,299. 8,512. 4,901. 36,443.  11 Total support. Add lines 7 through 10 37115974.  12 Gross receipts from related activities, etc. (see instructions) 12 6,865,580.  |       | activities, whether or not the                               |                             |                      |                      |                           |                     |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  14 7,173. 7,558. 8,299. 8,512. 4,901. 36,443   |       |  |                             |                      |                      |                           |                     |           |
| or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  7,173. 7,558. 8,299. 8,512. 4,901. 36,443  37115974   |       |  |                             |                      |                      |                           |                     |           |
| assets (Explain in Part VI.) 7,173 7,558 8,299 8,512 4,901 36,443  11 Total support. Add lines 7 through 10 37115974  12 Gross receipts from related activities, etc. (see instructions) 12 6,865,580  |       | · ·  |                             |                      |                      |                           |                     |           |
| 11 Total support. Add lines 7 through 103711597412 Gross receipts from related activities, etc. (see instructions)126,865,580  |       | •  | 7,173.                      | 7,558.               | 8,299.               | 8,512.                    | 4,901.              | 36,443.   |
| 12 Gross receipts from related activities, etc. (see instructions) 12 6,865,580  |       |  |                             |                      |                      |                           |                     | 37115974. |
|  |       | · · · · · · · · · · · · · · · · ·                            | etc. (see instructi         | ons)                 |                      |                           | 12 6                | ,865,580. |
|  |       |  |                             |                      |                      |                           | n 501(c)(3)         |           |
| organization, check this box and <b>stop here</b>  |       |  |                             |                      |                      | •                         |                     |           |
| Section C. Computation of Public Support Percentage  |       |  |                             |                      |                      |                           |                     |           |
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)   | 14    | Public support percentage for 2019 (I                        | ine 6, column (f) d         | ivided by line 11, c | olumn (f))           |                           | 14                  | ,,        |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14  | 15    | Public support percentage from 2018                          | Schedule A, Part            | II, line 14          |                      |                           | 15                  | 40.12 %   |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  | 16a   | 33 1/3% support test - 2019. If the o                        | organization did no         | ot check the box or  | n line 13, and line  | 14 is 33 1/3% or n        | nore, check this b  |           |
| stop here. The organization qualifies as a publicly supported organization   |       |  |                             |                      |                      |                           |                     |           |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   | b     | 33 1/3% support test - 2018. If the o                        | organization did no         | ot check a box on I  | ine 13 or 16a, and   | line 15 is 33 1/3%        | or more, check t    | his box   |
| and <b>stop here.</b> The organization qualifies as a publicly supported organization  |       | and $\ensuremath{\mathbf{stop}}$ here. The organization qual | ifies as a publicly         | supported organiza   | ation                |                           |                     | ▶□        |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   | 17a   | 10% -facts-and-circumstances test                            | <b>t - 2019.</b> If the org | janization did not c | check a box on line  | e 13, 16a, or 16b, a      | and line 14 is 10%  | or more,  |
| and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization   |       | _  |                             |                      | -                    | -                         | _                   |           |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  |       | meets the "facts-and-circumstances"                          | test. The organiza          | ation qualifies as a | publicly supported   | d organization            |                     | ▶□        |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or  | b     | 10% -facts-and-circumstances test                            | <b>t - 2018.</b> If the org | anization did not c  | heck a box on line   | e 13, 16a, 16b, or        | 17a, and line 15 is | 10% or    |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the   |       | more, and if the organization meets the                      | ne "facts-and-circu         | ımstances" test, ch  | neck this box and    | <b>stop here.</b> Explain | in Part VI how the  | e         |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🗌   |       | organization meets the "facts-and-circ                       | cumstances" test.           | The organization of  | qualifies as a publi | cly supported orga        | anization           | ▶□        |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 18    | Private foundation. If the organization                      | n did not check a           | box on line 13, 16   | a, 16b, 17a, or 17b  | o, check this box a       | ınd see instructior | ns ▶      |

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

| Se   | ction A. Public Support   |                            |                       |                       |                     |                   |             |
|------|---|----------------------------|-----------------------|-----------------------|---------------------|-------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🖊                                       | (a) 2015                   | <b>(b)</b> 2016       | (c) 2017              | (d) 2018            | <b>(e)</b> 2019   | (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   |                            |                       |                       |                     |                   |             |
| 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   |                            |                       |                       |                     |                   |             |
| J    | furnished by a governmental unit to   |                            |                       |                       |                     |                   |             |
|      | the organization without charge   |                            |                       |                       |                     |                   |             |
| 6    | Takal Asial Basa d Massacak 5   |                            |                       |                       |                     |                   |             |
|      | Total. Add lines 1 through 5  |                            |                       |                       | 1                   |                   | <u> </u>    |
| / 6  | ' '   |                            |                       |                       |                     |                   |             |
| ŀ    | 3 received from disqualified persons Amounts included on lines 2 and 3 received |                            |                       |                       | 1                   |                   |             |
| •    | from other than disqualified persons that                                       |                            |                       |                       |                     |                   |             |
|      | exceed the greater of \$5,000 or 1% of the                                      |                            |                       |                       |                     |                   |             |
|      | amount on line 13 for the year  |                            |                       |                       |                     |                   |             |
|      | Add lines 7a and 7b   |                            |                       |                       |                     |                   |             |
|      | Public support. (Subtract line 7c from line 6.)                                 |                            |                       |                       |                     |                   |             |
|      | •••   | (-) 001E                   | (h) 0010              | (=) 0017              | (4) 0040            | (=) 0010          | (f) Total   |
|      | endar year (or fiscal year beginning in)  | (a) 2015                   | <b>(b)</b> 2016       | (c) 2017              | (d) 2018            | (e) 2019          | (f) Total   |
|      | Amounts from line 6 Gross income from interest,                                 |                            |                       |                       |                     |                   |             |
| 104  | dividends, payments received on   |                            |                       |                       |                     |                   |             |
|      | securities loans, rents, royalties,   |                            |                       |                       |                     |                   |             |
|      | and income from similar sources   |                            |                       |                       |                     |                   |             |
| k    | Unrelated business taxable income   |                            |                       |                       |                     |                   |             |
|      | (less section 511 taxes) from businesses  |                            |                       |                       |                     |                   |             |
|      | acquired after June 30, 1975  |                            |                       |                       |                     |                   |             |
|      | Add lines 10a and 10b   |                            |                       |                       |                     |                   |             |
| 11   | Net income from unrelated business activities not included in line 10b,         |                            |                       |                       |                     |                   |             |
|      | whether or not the business is  |                            |                       |                       |                     |                   |             |
|      | regularly carried on  |                            |                       |                       |                     |                   |             |
| 12   | Other income. Do not include gain or loss from the sale of capital              |                            |                       |                       |                     |                   |             |
|      | assets (Explain in Part VI.)  |                            |                       |                       |                     |                   |             |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                                  |                            |                       |                       |                     |                   |             |
| 14   | First five years. If the Form 990 is for  | the organization's         | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) orga  | nization,   |
| _    | check this box and stop here  |                            |                       |                       |                     |                   | <b>&gt;</b> |
|      | ction C. Computation of Publi   |                            |                       |                       |                     |                   |             |
|      | Public support percentage for 2019 (li  |                            |                       |                       |                     | 15                | %           |
|      | Public support percentage from 2018   |                            |                       |                       |                     | 16                | %           |
| Se   | ction D. Computation of Inves   | tment Incom                | e Percentage          |                       |                     |                   |             |
| 17   | Investment income percentage for 20   | <b>19</b> (line 10c, colur | nn (f), divided by li | ne 13, column (f))    |                     | 17                | %           |
|      | Investment income percentage from 2   |                            |                       |                       |                     | 18                | %           |
|      | 33 1/3% support tests - 2019. If the  |                            |                       |                       |                     | 33 1/3%, and line | e 17 is not |
|      | more than 33 1/3%, check this box ar  |                            |                       |                       |                     |                   | <b>▶</b> □  |
| k    | 33 1/3% support tests - 2018. If the  |                            |                       |                       |                     |                   | 6, and      |
|      | line 18 is not more than 33 1/3%, che   |                            |                       |                       |                     |                   |             |
| 20   | Private foundation. If the organization   |                            |                       |                       |                     |                   |             |

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

|     | Yes | No |
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| 10b |     |    |

| Par | Part IV   Supporting Organizations <sub>(continued)</sub>   |   |       |    |
|-----|---|---|-------|----|
|     |   |   | Yes   | No |
| 11  | 1 Has the organization accepted a gift or contribution from any of the following persons?                       |   |       |    |
| а   | a A person who directly or indirectly controls, either alone or together with persons described i               | n (b) and (c)                             |       |    |
|     | below, the governing body of a supported organization?  | 11a                                       |       |    |
| b   | <b>b</b> A family member of a person described in (a) above?  | 11b                                       |       |    |
| С   | c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide            |   |       |    |
|     | ection B. Type I Supporting Organizations   | <u> </u>                                  |       |    |
|     | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,  |   | Yes   | No |
| 1   | 1 Did the directors, trustees, or membership of one or more supported organizations have the                    | power to                                  |       |    |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all tir           |   |       |    |
|     | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, s         |   |       |    |
|     | controlled the organization's activities. If the organization had more than one supported organ                 |   |       |    |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated amon                      |   |       |    |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the ta                 |   |       |    |
| 2   |   |   |       |    |
| 2   | ,   |   |       |    |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes,"                 |   |       |    |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s)                    | · ·                                       |       |    |
| C   | supervised, or controlled the supporting organization.  | 2   |       |    |
| Sec | ection C. Type II Supporting Organizations  |   | I., I |    |
|     |   |   | Yes   | No |
| 1   |   |   |       |    |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part \                |   |       |    |
|     | or management of the supporting organization was vested in the same persons that controlled                     |   |       |    |
|     | the supported organization(s).  | 1   |       |    |
| Sec | ection D. All Type III Supporting Organizations   |   |       |    |
|     |   |   | Yes   | No |
| 1   |   |   |       |    |
|     | organization's tax year, (i) a written notice describing the type and amount of support provide                 | ed during the prior tax                   |       |    |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and              | d (iii) copies of the                     |       |    |
|     | organization's governing documents in effect on the date of notification, to the extent not pre                 | eviously provided?                        |       |    |
| 2   | ,   |   |       |    |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," exp                 | lain in Part VI how                       |       |    |
|     | the organization maintained a close and continuous working relationship with the supported of                   | organization(s). 2                        |       |    |
| 3   | 3 By reason of the relationship described in (2), did the organization's supported organizations                | have a                                    |       |    |
|     | significant voice in the organization's investment policies and in directing the use of the organization        | nization's                                |       |    |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the org               | anization's                               |       |    |
|     | supported organizations played in this regard.  | 3   |       |    |
| Sec | ection E. Type III Functionally Integrated Supporting Organizations   |   |       |    |
| 1   | 1 Check the box next to the method that the organization used to satisfy the Integral Part Test of              | during the yea(see instructions).         |       |    |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |   |       |    |
| b   | b The organization is the parent of each of its supported organizations. Complete line 3 kg                     | pelow.                                    |       |    |
| С   | c   | ted a government entity (see instruction: | s).   |    |
| 2   | 2 Activities Test. Answer (a) and (b) below.  |   | Yes   | No |
| а   | a Did substantially all of the organization's activities during the tax year directly further the exer          | npt purposes of                           |       |    |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Par                   | t VI identify                             |       |    |
|     | those supported organizations and explain how these activities directly furthered their exer                    | npt purposes,                             |       |    |
|     | how the organization was responsive to those supported organizations, and how the organiza                      | tion determined                           |       |    |
|     | that these activities constituted substantially all of its activities.  | 2a  |       |    |
| b   | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement | ent, one or more                          |       |    |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain                   | n 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.  | 2b  |       |    |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.  |   |       |    |
| а   | a Did the organization have the power to regularly appoint or elect a majority of the officers, dir             | ectors, or                                |       |    |
|     | trustees of each of the supported organizations? Provide details in Part VI.                                    | 3a  |       |    |
| b   | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, ar        | nd activities of each                     |       |    |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization               | n in this regard. 3b                      |       |    |

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| Pai  | <sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin          | ng Organ      | izations                   |                                |
|------|--|---------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on l | Nov. 20, 1970 (explain in  | Part VI). See instructions. Al |
|      | other Type III non-functionally integrated supporting organizations must co    | omplete Se    | ctions A through E.        |                                |
| Sect | ion A - Adjusted Net Income  |               | (A) Prior Year             | (B) Current Year<br>(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<br>(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 1-1/2% of line 3 (for greater amount,   |               |                            |                                |
|      | see instructions).   | 4             |                            |                                |
| _5_  | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5             |                            |                                |
| _6   | Multiply line 5 by .035.   | 6             |                            |                                |
| _7_  | Recoveries of prior-year distributions   | 7             |                            |                                |
| _8_  | Minimum Asset Amount (add line 7 to line 6)                                    | 8             |                            |                                |
| Sect | ion C - Distributable Amount   |               |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1             |                            |                                |
| 2    | Enter 85% of line 1.   | 2             |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3             |                            |                                |
| 4    | Enter greater of line 2 or line 3.   | 4             |                            |                                |
| 5    | Income tax imposed in prior year   | 5             |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |               |                            |                                |
|      | emergency temporary reduction (see instructions).                              | 6             |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-functiona  | lly integrate | ed Type III supporting org | ganization (see                |
|      | instructions).   |               |                            |                                |

Schedule A (Form 990 or 990-EZ) 2019

| Par   | t V       | Гуре III Non-Functionally Integrated 509                      | (a)(3) Supporting Orga        | anizations <sub>(continued)</sub>      |   |
|-------|-----------|---|-------------------------------|--|---|
| Secti | ion D - D | istributions  |                               | <u> </u>                               | Current Year                              |
| 1     | Amount    |   |                               |  |   |
| 2     | Amount    |   |                               |  |   |
|       | organiza  | ations, in excess of income from activity                     |                               |  |   |
| 3     | Adminis   | trative expenses paid to accomplish exempt purpose            | es of supported organization  | ns                                     |   |
| 4     | Amount    | s paid to acquire exempt-use assets                           |                               |  |   |
| 5     | Qualifie  | d set-aside amounts (prior IRS approval required)             |                               |  |   |
| 6     | Other d   | istributions (describe in <b>Part VI</b> ). See instructions. |                               |  |   |
| 7     | Total ar  | nnual distributions. Add lines 1 through 6.                   |                               |  |   |
| 8     | Distribu  | tions to attentive supported organizations to which the       | ne organization is responsive | 9                                      |   |
|       | (provide  | e details in <b>Part VI</b> ). See instructions.              |                               |  |   |
| 9     | Distribu  | table amount for 2019 from Section C, line 6                  |                               |  |   |
| 10    | Line 8 a  | mount divided by line 9 amount                                |                               |  |   |
| Secti | ion E - D | istribution Allocations (see instructions)                    | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distribu  | table amount for 2019 from Section C, line 6                  |                               |  |   |
| 2     | Underdi   | stributions, if any, for years prior to 2019 (reason-         |                               |  |   |
|       | able cau  | use required- explain in <b>Part VI</b> ). See instructions.  |                               |  |   |
| 3     | Excess    | distributions carryover, if any, to 2019                      |                               |  |   |
| а     | From 20   | 014   |                               |  |   |
| b     | From 20   | 015   |                               |  |   |
| С     | From 20   | 016   |                               |  |   |
| d     | From 20   | 017   |                               |  |   |
| е     | From 20   | 018   |                               |  |   |
| f     | Total of  | lines 3a through e  |                               |  |   |
| g     | Applied   | to underdistributions of prior years                          |                               |  |   |
| h     | Applied   | to 2019 distributable amount                                  |                               |  |   |
| i     | Carryov   | er from 2014 not applied (see instructions)                   |                               |  |   |
| j     | Remain    | der. Subtract lines 3g, 3h, and 3i from 3f.                   |                               |  |   |
| 4     | Distribu  | tions for 2019 from Section D,                                |                               |  |   |
|       | line 7:   | \$  |                               |  |   |
| а     | Applied   | to underdistributions of prior years                          |                               |  |   |
| b     | Applied   | to 2019 distributable amount                                  |                               |  |   |
| С     | Remain    | der. Subtract lines 4a and 4b from 4.                         |                               |  |   |
| 5     | Remain    | ing underdistributions for years prior to 2019, if            |                               |  |   |
|       | any. Su   | btract lines 3g and 4a from line 2. For result greater        |                               |  |   |
|       | than zer  | ro, explain in <b>Part VI.</b> See instructions.              |                               |  |   |
| 6     | Remain    | ing underdistributions for 2019. Subtract lines 3h            |                               |  |   |
|       | and 4b    | from line 1. For result greater than zero, explain in         |                               |  |   |
|       | Part VI.  | See instructions.   |                               |  |   |
| 7     | Excess    | distributions carryover to 2020. Add lines 3j                 |                               |  |   |
|       | and 4c.   |   |                               |  |   |
| 8     | Breakdo   | own of line 7:  |                               |  |   |
|       |           | from 2015   |                               |  |   |
| b     | Excess    | from 2016   |                               |  |   |
|       |           | from 2017   |                               |  |   |
|       |           | from 2018   |                               |  |   |
|       |           | from 2019   |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: REFUNDS & REBATES 528. 2015 AMOUNT: \$ 2016 AMOUNT: 912. 2017 AMOUNT: 1,543. 4,901. 2019 AMOUNT: EMPLOYEE PARKING 6,645. 2015 AMOUNT: \$ 2016 AMOUNT: 6,646. 2017 AMOUNT: 6,756. 8,512. 2018 AMOUNT:

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

53-0204608

2019

Name of the organization

Employer identification number

THE MIDDLE EAST INSTITUTE

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# THE MIDDLE EAST INSTITUTE

53-0204608

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          |   | \$ 605,000.                | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 2          |   | \$ 200,000.                | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3          |   | \$ 125,000.                | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 4          | - Trumo, addi oco, and En 11  | \$ 150,000.                | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 5          |   | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 6          |   | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |

Name of organization

THE MIDDLE EAST INSTITUTE

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |   | \$125,000.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 8          |   | \$90,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 9          |   | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 10         |   | \$83,363.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

# THE MIDDLE EAST INSTITUTE

53-0204608

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

**Employer identification number** 

Name of organization

53-0204608 THE MIDDLE EAST INSTITUTE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MIDDLE EAST INSTITUTE

**Employer identification number** 53-0204608

| Pai    | rt I Organizations Maintaining Donor Advise   | ed Funds or Other Similar Funds or                | Accounts. Complete if the                         |  |  |  |
|--------|---|---|---|--|--|--|
|        | organization answered "Yes" on Form 990, Part IV, lin   | ne 6.   |   |  |  |  |
|        |   | (a) Donor advised funds                           | (b) Funds and other accounts                      |  |  |  |
| 1      | Total number at end of year   |   |   |  |  |  |
| 2      | Aggregate value of contributions to (during year)   |   |   |  |  |  |
| 3      | Aggregate value of grants from (during year)  |   |   |  |  |  |
| 4      | Aggregate value at end of year  |   |   |  |  |  |
| 5      | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advised f   | unds  |  |  |  |
|        | are the organization's property, subject to the organization's  | exclusive legal control?                          | Yes No  |  |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can be use   | d only  |  |  |  |
|        | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose con    | ferring   |  |  |  |
|        |   |   |   |  |  |  |
| Pai    | rt II Conservation Easements. Complete if the org   | ganization answered "Yes" on Form 990, Part       | IV, line 7.                                       |  |  |  |
| 1      | Purpose(s) of conservation easements held by the organizat  |   |   |  |  |  |
|        | Preservation of land for public use (for example, recrea  |   | storically important land area                    |  |  |  |
|        | Protection of natural habitat   | Preservation of a ce                              | ertified historic structure                       |  |  |  |
|        | Preservation of open space  |   |   |  |  |  |
| 2      | Complete lines 2a through 2d if the organization held a quali   | fied conservation contribution in the form of a   |   |  |  |  |
|        | day of the tax year.  |   | Held at the End of the Tax Year                   |  |  |  |
|        | Total number of conservation easements  |   |   |  |  |  |
|        | Total acreage restricted by conservation easements  |   | · <del>                                    </del> |  |  |  |
|        | Number of conservation easements on a certified historic str  |   | . 2c  |  |  |  |
| a      | Number of conservation easements included in (c) acquired   |   |   |  |  |  |
| •      | listed in the National Register   |   | 2d  |  |  |  |
| 3      | Number of conservation easements modified, transferred, re  | leased, extinguished, or terminated by the org    | lanization during the tax                         |  |  |  |
| 4      | year  | agment is legated                                 |   |  |  |  |
| 4<br>5 | Number of states where property subject to conservation ea  |   |   |  |  |  |
| 3      | Does the organization have a written policy regarding the pe<br>violations, and enforcement of the conservation easements i |   | Yes No  |  |  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,  |   |   |  |  |  |
| Ū      | b   | Thanding of Violations, and emorning conserve     | ation casements during the year                   |  |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conservation   | easements during the year                         |  |  |  |
| -      | <b>&gt;</b> \$  |   | cacemente aaning inc year                         |  |  |  |
| 8      | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 170(h)(4   | )(B)(i)   |  |  |  |
|        | and section 170(h)(4)(B)(ii)?   | •   |   |  |  |  |
| 9      | In Part XIII, describe how the organization reports conservation  |   |   |  |  |  |
|        | balance sheet, and include, if applicable, the text of the footi  | •   |   |  |  |  |
|        | organization's accounting for conservation easements.   |   |   |  |  |  |
| Pai    | rt III Organizations Maintaining Collections o  | f Art, Historical Treasures, or Othe              | r Similar Assets.                                 |  |  |  |
|        | Complete if the organization answered "Yes" on Form   | n 990, Part IV, line 8.                           |   |  |  |  |
| 1a     | If the organization elected, as permitted under FASB ASC 95   | 58, not to report in its revenue statement and I  | palance sheet works                               |  |  |  |
|        | of art, historical treasures, or other similar assets held for pul  | blic exhibition, education, or research in furthe | rance of public                                   |  |  |  |
|        | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.              |   |   |  |  |  |
| b      | If the organization elected, as permitted under FASB ASC 95   | 58, to report in its revenue statement and bala   | nce sheet works of                                |  |  |  |
|        | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furtheral   | nce of public service,                            |  |  |  |
|        | provide the following amounts relating to these items:  |   |   |  |  |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1   |   | •   |  |  |  |
|        | (ii) Assets included in Form 990, Part X  |   |   |  |  |  |
| 2      | If the organization received or held works of art, historical tre   | asures, or other similar assets for financial gai | n, provide  |  |  |  |
|        | the following amounts required to be reported under FASB A  | ASC 958 relating to these items:                  |   |  |  |  |
|        | Revenue included on Form 990, Part VIII, line 1   |   | · · · · · · · · · · · · · · · · · · ·             |  |  |  |
|        | Assets included in Form 990, Part X   |   |   |  |  |  |
| LHA    | For Paperwork Reduction Act Notice, see the Instruction   | s for Form 990.                                   | Schedule D (Form 990) 2019                        |  |  |  |

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| 3 Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a Public exhibition  b Cher Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?   |     | t III Organizations Maintaining C                     | ollections of Ar        | t, Historical Tr      | easures, o                            | r Othe     | r Similar     | Asse      | t <b>s</b> (contir | nued)   | - <u>J</u> - |  |  |  |
|--|-----|---|-------------------------|-----------------------|---------------------------------------|------------|---------------|-----------|--------------------|---------|--------------|--|--|--|
| a Public exhibition   d  | 3   | Using the organization's acquisition, accession       | on, and other records   | s, check any of the   | following that                        | make s     | ignificant us | e of its  |                    |         |              |  |  |  |
| b Scholarly research c   |     | collection items (check all that apply):              |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| c  | а   | Public exhibition                                     | d                       | Loan or exc           | hange prograi                         | m          |               |           |                    |         |              |  |  |  |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise hunds rather than to be maintained as part of the organization's collection?    Ves   | b   | Scholarly research                                    | е                       | Other                 |                                       |            |               |           |                    |         |              |  |  |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   If "Yes," explain the arrangement in Part XIII and complete the following table:    C Beginning balance   | С   | Preservation for future generations                   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   If "Yes," explain the arrangement in Part XIII and complete the following table:    C Beginning balance   | 4   | Provide a description of the organization's co        | llections and explain   | how they further t    | he organizatio                        | n's exer   | npt purpose   | e in Par  | t XIII.            |         |              |  |  |  |
| to be sold to raise funds rather than to be minitalined as part of the organization's collection?  | 5   |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 10.    C  |     | to be sold to raise funds rather than to be ma        | intained as part of th  | ne organization's c   | ollection?                            |            |               | $\square$ | Yes                |         | No           |  |  |  |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Yes No           b If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c Beginning balance         1d           d Additions during the year         1d           1 Ending balance         1t           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes No           b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Yes No           b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Yes No           1a Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back (e) Three years back (e) Four years  | Pai |   |                         |                       |                                       |            |               |           | line 9, or         |         |              |  |  |  |
| on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  10   |     | reported an amount on Form 990, Par                   | t X, line 21.           |                       |                                       |            |               |           |                    |         |              |  |  |  |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance  | 1a  | Is the organization an agent, trustee, custodia       | an or other intermed    | iary for contribution | ns or other ass                       | sets not   | included      |           |                    |         |              |  |  |  |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance  |     | on Form 990, Part X?                                  |                         |                       |                                       |            |               | $\square$ | Yes                |         | No           |  |  |  |
| C   Beginning balance  | b   | If "Yes," explain the arrangement in Part XIII a      | and complete the fol    | lowing table:         |                                       |            |               |           |                    |         |              |  |  |  |
| d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds and programs   |     |   |                         |                       |                                       |            |               |           | Amoun              | t       |              |  |  |  |
| d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds and programs   | С   | c Beginning balance 1c                                |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| E Distributions during the year    f Ending balance  |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   | _   |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years years       | 2a  |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back and pack   (d) Three years back and pack   (d) Three years back and pack   (d) Th    | b   | If "Yes," explain the arrangement in Part XIII.       | Check here if the ex    | planation has beer    | n provided on F                       | Part XIII  |               |           |                    |         |              |  |  |  |
| 1a Beginning of year balance       4,333,856.       4,621,823.       3,951,661.       3,550,862.       3,541,730.         b Contributions       9,132.         c Net investment eamings, gains, and losses of Grants or scholarships       45,703.       32,000.       400,799.       400,799.         e Other expenditures for facilities and programs       45,703.       32,000.       400,799.       400,799.         f Administrative expenses       5,083,623.       4,333,856.       4,621,823.       3,951,661.       3,550,862.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ►       %         b Permanent endowment ►       16.31 %       %       Trem endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         (ii) Related organizations       3a(ii) X         (ii) Related organizations       3a(ii) X         (iii) Related organizations       3a(iii) X         (iii) Related organizations       3a(iii) X         (iii) Related organizations       3a(iii) X         (iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   | Pai | t V Endowment Funds. Complete if                      | the organization ans    | swered "Yes" on Fo    | orm 990, Part                         | IV, line 1 | 0.            |           |                    |         |              |  |  |  |
| b Contributions  |     |   | (a) Current year        | (b) Prior year        | (c) Two years                         | back (     | (d) Three yea | rs back   | (e) Four           | years   | back         |  |  |  |
| b Contributions  | 1a  | Beginning of year balance                             | 4,333,856.              | 4,621,823.            | 3,951                                 | ,661.      | 3,550         | ,862.     | 3                  | ,541,   | 730.         |  |  |  |
| c Net investment earnings, gains, and losses d'795,470.  |     |   |                         |                       |                                       |            |               |           |                    | 9,      | 132.         |  |  |  |
| d Grants or scholarships   |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 5,083,623, 4,333,856, 4,621,823, 3,951,661, 3,550,862.  2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment   |     |   | 45,703.                 | 32,000.               |                                       |            |               |           |                    |         |              |  |  |  |
| and programs  f Administrative expenses g End of year balance  5,083,623. 4,333,856. 4,621,823. 3,951,661. 3,550,862.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 83.69   |     | Г   | ,                       | •                     |                                       |            |               |           |                    |         |              |  |  |  |
| f Administrative expenses g End of year balance 5,083,623. 4,333,856. 4,621,823. 3,951,661. 3,550,862.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 83.69 b Permanent endowment ▶ 16.31 mile 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 b If "Yes" on line 3a(ii), are the related 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) Cost or other basis (other) (c) Accumulated deprecation  1a Land (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation  1a Land (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation  1a Land (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value 4 Description of property (d) Book value 4 Description of   | _   |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| End of year balance   5,083,623,   4,333,856,   4,621,823,   3,951,661,   3,550,862.   | f   |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶   |     | T-  | 5,083,623.              | 4.333.856.            | 4.621                                 | .823.      | 3 . 951       | .661.     | 3                  | .550.   | 862.         |  |  |  |
| a Board designated or quasi-endowment ▶ 983 · 69   | _   | <del>-</del>  |                         |                       | · · ·                                 | , -        |               | , -       | <u>I</u>           | , ,     |              |  |  |  |
| b Permanent endowment ▶ 33 ⋅ 69  |     |   | one your one balance    |                       | a)) Hold do.                          |            |               |           |                    |         |              |  |  |  |
| Term endowment ► 16.31 % 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   |     |   | 0/6                     |                       |                                       |            |               |           |                    |         |              |  |  |  |
| 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  (iii) Related organizations  (iiii) Related organizations  (iv) 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) Cost or other depreciation  1a Land  334,115  Buildings  15,889,731  1,232,011  14,657,720  c Leasehold improvements  d Equipment  243,927  208,338  35,589  e Other  Other   |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| 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 (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iv) Tyes" 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) Cost or other basis (other) (c) Accumulated depreciation  1a Land 1334,115. 334,115. b Buildings 15,889,731. 1,232,011. 14,657,720. c Leasehold improvements d Equipment 243,927. 208,338. 35,589. e Other 0ther   | ·   |   | =                       |                       |                                       |            |               |           |                    |         |              |  |  |  |
| Vest   No  | 32  |   | •                       | tion that are held a  | and administer                        | ed for th  | ne organizat  | ion       |                    |         |              |  |  |  |
| (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii | ou  |   | 331011 Of the organiza  | tion that are ned a   | ina aaniinistei                       | ca ioi ti  | ic organizat  | 1011      |                    | Vas     | No           |  |  |  |
| (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)  basis (other)  1a Land  5 Buildings  15,889,731.  1,232,011.  14,657,720.  c Leasehold improvements d Equipment e Other  11,042,406. 987,391. 55,015.   |     | -   |                         |                       |                                       |            |               |           | 3a(i)              | 103     |              |  |  |  |
| 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 (investment)  basis (investment)  1a Land  5 Buildings  15,889,731  1,232,011  14,657,720  c Leasehold improvements  d Equipment  243,927  208,338  35,589  e Other  |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  334,115.  Buildings  15,889,731.  1,232,011.  14,657,720.  c Leasehold improvements  d Equipment  243,927.  208,338.  35,589.  e Other  | h   | If "Ves" on line 3a(ii) are the related organizations | tions listed as require | ed on Schedule R2     | · · · · · · · · · · · · · · · · · · · |            |               |           | 3h                 |         |              |  |  |  |
| Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         334,115.         334,115.           b Buildings         15,889,731.         1,232,011.         14,657,720.           c Leasehold improvements         243,927.         208,338.         35,589.           e Other         1,042,406.         987,391.         55,015.   |     |   |                         |                       |                                       |            |               |           | 30                 |         |              |  |  |  |
| 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  | Ė   |   |                         | Willett fullus.       |                                       |            |               |           |                    |         |              |  |  |  |
| Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value   |     |   |                         | Part IV line 11a 9    | See Form 990                          | Part X     | line 10       |           |                    |         |              |  |  |  |
| basis (investment)         basis (other)         depreciation           1a Land         334,115.         334,115.           b Buildings         15,889,731.         1,232,011.         14,657,720.           c Leasehold improvements         243,927.         208,338.         35,589.           e Other         1,042,406.         987,391.         55,015.  |     |   |                         |                       | 1                                     |            |               |           | (d) Boo            | k valu  |              |  |  |  |
| 1a Land       334,115.       334,115.         b Buildings       15,889,731.       1,232,011.       14,657,720.         c Leasehold improvements       243,927.       208,338.       35,589.         e Other       1,042,406.       987,391.       55,015.  |     | Description of property                               |                         |                       |                                       |            |               |           | ( <b>u)</b> 500    | n value | 5            |  |  |  |
| b Buildings       15,889,731.       1,232,011.       14,657,720.         c Leasehold improvements       243,927.       208,338.       35,589.         e Other       1,042,406.       987,391.       55,015.  | 12  | Land  | <u> </u>                | ,                     | ,                                     | 400        | 501411011     |           | 33                 | 4 1     | 15.          |  |  |  |
| c Leasehold improvements       243,927.       208,338.       35,589.         e Other       1,042,406.       987,391.       55,015.   |     |   |                         |                       |                                       | 1 2        | 232 011       | 1 1       |                    |         |              |  |  |  |
| d Equipment 243,927. 208,338. 35,589. e Other 1,042,406. 987,391. 55,015.  |     |   |                         | 15,00                 | , , , , , , , , ,                     | <u> </u>   |               |           | <u> </u>           | , , ,   |              |  |  |  |
| e Other 1,042,406. 987,391. 55,015.  |     |   |                         | 2/                    | 3 927                                 | 2          | 208 339       | 3.        | 3                  | 5 5     | 89           |  |  |  |
|  |     |   |                         |                       |                                       |            |               |           |                    |         |              |  |  |  |
|  |     |   |                         |                       |                                       |            | ,             |           |                    |         |              |  |  |  |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 THE MIDDLE                                  | EAST INSTITUT              | <b>TE</b> 53                               | 3-0204608          | Page 3 |
|--|----------------------------|--|--------------------|--------|
| Part VII Investments - Other Securities.                               |                            |  |                    |        |
| Complete if the organization answered "Yes'                            | on Form 990, Part IV, line | e 11b. See Form 990, Part X, line 12.      |                    |        |
| (a) Description of security or category (including name of security)   | (b) Book value             | (c) Method of valuation: Cost or en        | d-of-year market v | /alue  |
| (1) Financial derivatives  |                            |  |                    |        |
| (2) Closely held equity interests                                      |                            |  |                    |        |
| (3) Other  |                            |  |                    |        |
| (A)  |                            |  |                    |        |
| (B)  |                            |  |                    |        |
| (C)  |                            |  |                    |        |
| (D)  |                            |  |                    |        |
| (E)  |                            |  |                    |        |
| (F)  |                            |  |                    |        |
| (G)  |                            |  |                    |        |
| (H)  |                            |  |                    |        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       |                            |  |                    |        |
| Part VIII Investments - Program Related.                               |                            |  |                    |        |
| Complete if the organization answered "Yes'                            |                            |  |                    |        |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or en        | d-of-year market v | /alue  |
| (1)  |                            |  |                    |        |
| (2)  |                            |  |                    |        |
| (3)  |                            |  |                    |        |
| (4)  |                            |  |                    |        |
| (5)  |                            |  |                    |        |
| (6)  |                            |  |                    |        |
| <u>(7)</u>   |                            |  |                    |        |
| (8)  | +                          |  |                    |        |
| (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                            |  |                    |        |
| Part IX Other Assets.  |                            |  |                    |        |
| Complete if the organization answered "Yes"                            | on Form 990. Part IV. line | e 11d. See Form 990. Part X. line 15.      |                    |        |
|  | Description                |  | (b) Book va        | lue    |
| (1)  |                            |  |                    |        |
| (2)  |                            |  |                    |        |
| (3)  |                            |  |                    |        |
| (4)  |                            |  |                    |        |
| (5)  |                            |  |                    |        |
| (6)  |                            |  |                    |        |
| (7)  |                            |  |                    |        |
| (8)  |                            |  |                    |        |
| (9)  |                            |  |                    |        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin           | ne 15.)                    | <b>&gt;</b>                                |                    |        |
| Part X Other Liabilities.  |                            |  |                    |        |
| Complete if the organization answered "Yes'                            | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 2 |                    |        |
| 1. (a) Description of liability  |                            |  | (b) Book va        | lue    |
| (1) Federal income taxes   |                            |  |                    |        |
| (2)  |                            |  |                    |        |
| (3)  |                            |  |                    |        |
| (4)  |                            |  |                    |        |
| (5)  |                            |  |                    |        |
| <u>(6)</u>   |                            |  |                    |        |
| 1.43   |                            |  |                    |        |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

(8)

| Sche       | dule D (Form 990) 2019 THE MIDDLE EAST INSTITUTE   |          |                         | 53-     | 0204608 Page        |
|------------|--|----------|-------------------------|---------|---------------------|
| Pai        | t XI Reconciliation of Revenue per Audited Financial Statemer  | nts W    |                         |         |                     |
|            | 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       | 6,536,819           |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |          |                         |         |                     |
| а          | Net unrealized gains (losses) on investments   | 2a       | 1,950,573.              |         |                     |
| b          | Donated services and use of facilities   | 2b       |                         |         |                     |
| С          | Recoveries of prior year grants  | 2c       |                         |         |                     |
| d          | Other (Describe in Part XIII.)   | 2d       |                         |         |                     |
| е          | Add lines 2a through 2d  |          |                         | 2e      | 1,950,573           |
| 3          | Subtract line 2e from line 1   |          |                         | 3       | 4,586,246           |
| 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       | 30,103.                 |         |                     |
| b          | Other (Describe in Part XIII.)   | 4b       |                         |         |                     |
| С          | Add lines 4a and 4b  |          |                         | 4c      | 30,103              |
| _5_        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |          |                         | 5       | 4,616,349           |
| Pa         | t XII Reconciliation of Expenses per Audited Financial Stateme   | ents V   | Vith Expenses per       | Retu    | rn.                 |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |          |                         |         |                     |
| 1          | Total expenses and losses per audited financial statements   |          |                         | 1       | 5,499,719           |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |          | ī                       |         |                     |
| а          | Donated services and use of facilities   | 2a       |                         |         |                     |
| b          | Prior year adjustments   | 2b       |                         |         |                     |
| С          | Other losses   | 2c       |                         |         |                     |
| d          | Other (Describe in Part XIII.)   | 2d       |                         |         |                     |
| е          | Add lines 2a through 2d  |          |                         | 2e      | 0                   |
| 3          | Subtract line 2e from line 1   |          |                         | 3       | 5,499,719           |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          |                         |         |                     |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a       | 30,103.                 |         |                     |
| b          | Other (Describe in Part XIII.)   | 4b       |                         |         |                     |
|            | Add lines 4a and 4b  |          |                         | 4c      | 30,103              |
| 5          | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)   |          |                         | 5       | 5,529,822           |
| Pa         | t XIII Supplemental Information.   |          |                         |         |                     |
| Prov       | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV   | V, 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 addit   | ional ir | nformation.             |         |                     |
|            |  |          |                         |         |                     |
|            |  |          |                         |         |                     |
| PAI        | RT III, LINE 1A:   |          |                         |         |                     |
|            |  |          |                         |         |                     |
| THI        | E ORGANIZATION MAINTAINS A COLLECTION OF BO  | OKS      | FOR THE PUR             | POS.    | E OF                |
|            |  |          |                         |         |                     |
| RES        | SEARCH.  |          |                         |         |                     |
|            |  |          |                         |         |                     |
|            |  |          |                         |         |                     |
|            |  |          |                         |         |                     |
| PAI        | RT V, LINE 4:  |          |                         |         |                     |
|            |  |          |                         |         |                     |
| ME.        | MAKES DISTRIBUTIONS FROM INCOME EARNED ON  | TH       | E ENDOWMENT             | FUN.    | DS FOR THE          |
|            |  |          |                         |         |                     |
| ANI        | WAL AWARD "ISSAM M. FARES AWARD FOR EXCELL   | ENC      | E", A KEYNOT            | E S     | PEAKER AT           |
| m          | THE ANNUAL CONTENDENCE PROCESS AND THE CONTENT OF THE CONTENDENCE OF THE CONTENDENCE OF THE CONTENT OF THE CONTENDENCE OF THE CONTENDE OF THE CONTENDE OF THE CONTENDE OF THE CONTENDE O |          |                         |         | wpenaea             |
| THI        | E MEI ANNUAL CONFERENCE BANQUET AND AWARD C  | EKE      | MONY, BANQUE            | T E     | XPENSES AND         |
| T ^        | NICHTONI GUDDODH MO DDING NUNDOUG MO 112 CUI   | `NT~ TT  | ON D                    |         |                     |
| <u>го(</u> | SISTICAL SUPPORT TO BRING AWARDEES TO WASHI  | MG.I,    | ON D.C.                 |         |                     |
|            |  |          |                         |         |                     |

PART X, LINE 2:

MEI BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE MIDDLE EAST INSTITUTE

**Employer identification number** 53-0204608

| Pa         | rt I Questions Regarding Compensation   |            |     |          |
|------------|---|------------|-----|----------|
|            | ·   |            | Yes | No       |
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  |            |     |          |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |            |     |          |
|            | First-class or charter travel Housing allowance or residence for personal use   |            |     |          |
|            | Travel for companions Payments for business use of personal residence   |            |     |          |
|            | Tax indemnification and gross-up payments Health or social club dues or initiation fees   |            |     |          |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   |            |     |          |
|            |   |            |     |          |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |            |     |          |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1</b> b |     |          |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |            |     |          |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2          | Х   | <u> </u> |
|            |   |            |     |          |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's  |            |     |          |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  |            |     |          |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.  |            |     |          |
|            | Compensation committee  |            |     |          |
|            | Independent compensation consultant Compensation survey or study  |            |     |          |
|            | X Approval by the board or compensation committee   |            |     |          |
|            |   |            |     |          |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |            |     |          |
| _          | organization or a related organization:   | 4-         |     | х        |
| a          | Receive a severance payment or change-of-control payment?   | 4a<br>4b   |     | X        |
| D          | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 40<br>4c   |     | X        |
| C          | Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 40         |     |          |
|            | The storally of lines 4a-6, list the persons and provide the applicable amounts for each item in Fart III.  |            |     |          |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |            |     |          |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |            |     |          |
|            | contingent on the revenues of:  |            |     |          |
| а          | The organization?   | 5a         |     | Х        |
| b          | Any related organization?   | 5b         |     | Х        |
|            | If "Yes" on line 5a or 5b, describe in Part III.  |            |     |          |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |            |     |          |
|            | contingent on the net earnings of:  |            |     |          |
| а          | The organization?   | 6a         |     | X        |
| b          | Any related organization?   | 6b         |     | Х        |
|            | If "Yes" on line 6a or 6b, describe in Part III.  |            |     |          |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  |            |     |          |
|            | not described on lines 5 and 6? If "Yes," describe in Part III  | 7          |     | X        |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |            |     |          |
|            | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | 8          |     | X        |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |            |     |          |
|            | Regulations section 53.4958-6(c)?   | 9          |     | 1        |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                                     |      | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|-------------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title                  | Ī    | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits                | (B)(I)-(D)                         | reported as deferred<br>on prior Form 990 |
| (1) PAUL ERNEST SALEM               | (i)  | 278,837.                 | 0.  | 0.  | 17,237.                           | 10,330.                 | 306,404.                           | 0.  |
|                                     | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (2) TAMARA KALANDIYA, BOARD TREASUR | (i)  | 215,113.                 | 0.  | 0.  | 13,481.                           | 15,566.                 | 244,160.                           | 0.  |
| CHIEF FINANCIAL OFFICER             | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) KATE SEELYE                     | (i)  | 173,012.                 | 0.  | 0.  | 10,756.                           | 418.                    | 184,186.                           | 0.  |
| SENIOR VICE PRESIDENT               | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (4) KEVIN C. COWL                   | (i)  | 141,700.                 | 0.  | 0.  | 8,967.                            | 418.                    | 151,085.                           | 0.  |
| VP FOR DEVELOPMENT                  | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (5) GERALD MICHAEL FEIERSTEIN       | (i)  | 163,559.                 | 0.  | 0.  | 0.                                | 420.                    | 163,979.                           | 0.  |
| DIR. FOR GULF AFFAIRS & GO          | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (6) BILAL SAAB, DIRECTOR OF THE     | (i)  | 146,569.                 | 0.  | 0.  | 10,661.                           | 13,301.                 |                                    | 0.  |
| DEFENSE & SECURITY PROGRAM          | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                     | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                     | (ii) |                          |   |   |                                   |                         |                                    |   |

| Part III Supplemental Information  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |  |  |  |  |  |  |  |  |  |  |
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# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MIDDLE EAST INSTITUTE

Employer identification number 53-0204608

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

STATES BY THE PEOPLES AND GOVERNMENTS OF THE REGION. SINCE ITS FOUNDING

68 YEARS AGO, MEI HAS FOCUSED SCHOLARSHIP ON THE BROADER MIDDLE EAST TO

ALSO INCLUDE NORTH AFRICA, TURKEY, PAKISTAN, AFGHANISTAN AND IRAN.

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

AND MORE FREQUENTLY, ALLOWING MEI TO PROVIDE REAL-TIME COMMENTARY ON

BREAKING NEWS, AND TO ENSURE THAT MEI'S BALANCED ANALYSIS REACHES

POLICYMAKERS AND THE PUBLIC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS DEPARTMENT: THE COMMUNICATIONS DEPARTMENT MANAGES MEI'S

MEDIA RELATIONS, WEBSITE CONTENT, SOCIAL MEDIA AND E-MAIL OUTREACH

PLATFORMS, AND INSTITUTIONAL BRANDING. IT IS ALSO RESPONSIBLE FOR

MULTIMEDIA PRODUCTION, INCLUDING A WEEKLY PODCAST, SHORT INFORMATIONAL

VIDEOS AND PROMOTIONAL ADS, RECORDING AND LIVE-STREAMING PUBLIC EVENTS,

AND MANAGING THE IN-HOUSE BROADCASTING STUDIO. IT PROVIDES SERVICES AND

TECHNICAL SUPPORT ACROSS ALL OTHER CENTERS AND DEPARTMENTS.

EXPENSES \$ 370,875. INCLUDING GRANTS OF \$ 0. REVENUE \$ 183,598.

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

THE FORM 990 AND 990T FOR MIDDLE EAST INSTITUTE IS REVIEWED BY THE

ORGANIZATION'S PRESIDENT AND THE CFO/TREASURER BEFORE IT IS SIGNED BY THE

ORGANIZATION'S PRESIDENT AND FILED WITH THE IRS.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

**Employer identification number** 

THE MIDDLE EAST INSTITUTE 53-0204608

BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO FILL OUT AND SIGN A

CONFLICT OF INTEREST FORM ANNUALLY TO DISCLOSE ANY ACTIVITIES OR INTERESTS

THAT COULD GIVE RISE TO A CONFLICT. A MEMBER OF THE OPERATIONS TEAM

MONITORS COMPLIANCE WITH THIS POLICY.

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

THE FULL BOARD OF GOVERNORS IS CONSULTED AND DETERMINES THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT, USING COMPARATIVE DATA FROM THE 990S OF COMPARABLE ORGANIZATIONS. ALL PROCEEDINGS OF THE BOARD ARE DOCUMENTED IN THE BOARD MINUTES. THE MOST RECENT REVIEW OF THE PRESIDENT'S SALARY WAS CONDUCTED IN 2019. COMPENSATION FOR OTHER EMPLOYEES IS REVIEWED ANNUALLY BASED ON ANNUAL PERFORMANCE EVALUATIONS. THE MOST RECENT REVIEW OF THE OTHER OFFCIERS AND EMPLOYEES' SALARIES WAS CONDUCTED IN 2019.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND MOST RECENT TAX EXEMPT ORGANIZATION DOCUMENTS AVAILABLE UPON REQUEST BY GENERAL PUBLIC, DONORS, GRANTORS, AND ANY INTERESTED PARTY. THE FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 400,883.

MANAGEMENT AND GENERAL EXPENSES 125,842.

FUNDRAISING EXPENSES 85,378.

TOTAL EXPENSES 612,103.

### PAYROLL PROCESSING:

17249\_\_1

| Name of the organization THE MIDDLE EAST INSTITUTE        | Employer identification number 53-0204608 |
|---|---|
| PROGRAM SERVICE EXPENSES                                  | 9,350.                                    |
| MANAGEMENT AND GENERAL EXPENSES                           | 2,935.                                    |
| FUNDRAISING EXPENSES                                      | 1,991.                                    |
| TOTAL EXPENSES  | 14,276.                                   |
|   |   |
| COMPUTER CONSULTANTS:                                     |   |
| PROGRAM SERVICE EXPENSES                                  | 46,605.                                   |
| MANAGEMENT AND GENERAL EXPENSES                           | 14,630.                                   |
| FUNDRAISING EXPENSES                                      | 9,926.                                    |
| TOTAL EXPENSES  | 71,161.                                   |
| FELLOWS:  |   |
| PROGRAM SERVICE EXPENSES                                  | 37,113.                                   |
| MANAGEMENT AND GENERAL EXPENSES                           | 11,650.                                   |
| FUNDRAISING EXPENSES                                      | 7,904.                                    |
| TOTAL EXPENSES  | 56,667.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A    | 754,207.                                  |
| PART XII, LINE 2C:  |   |
| THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCE | SS OR ITS                                 |
| PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING  | THE YEAR.                                 |
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17249\_\_1

| Form <b>990-T</b>                                      | L          | OMB No. 1545-0047   |             |                             |                          |                                   |  |
|--|------------|---|-------------|-----------------------------|--------------------------|-----------------------------------|--|
|  |            | and proxy tax und   | er se       | ction 6033(e))              |                          |                                   | 2040   |
|  | For ca     | lendar year 2019 or other tax year beginning  |             | , and ending                |                          | _                                 | 2019   |
| Department of the Treasury<br>Internal Revenue Service | <b>•</b>   | ► Go to www.irs.gov/Form990T for in<br>- Do not enter SSN numbers on this form as it may                      |             |                             | ion is a 501(c)(3).      |                                   | pen to Public Inspection for 01(c)(3) Organizations Only |
| A Check box if address changed                         |            | Name of organization ( Check box if name cl   | hanged      | and see instructions.)      |                          | DEmploy<br>(Employ<br>instruction | ver identification number<br>yees' trust, see<br>tions ) |
| B Exempt under section                                 | Print      | THE MIDDLE EAST INSTIT  | ите         |                             |                          |                                   | 3-0204608  |
| X 501(c)(3)  | or         | Number, street, and room or suite no. If a P.O. box   |             | structions                  |                          | Unrelat                           | ed business activity code                                |
| 408(e) 220(e)  | Туре       | 1319 18TH STREET NW   | ., 000      |                             |                          | (See ins                          | structions.)   |
| 408A 530(a)  |            | City or town, state or province, country, and ZIP or  | r foreigi   | n postal code               |                          |                                   |  |
| 529(a)   |            | WASHINGTON, DC 20036-   | 288         | 2                           | ļ                        | 5418                              | 300  |
| C Book value of all assets at end of year              |            | F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp                        | <b></b>     |                             |                          |                                   |  |
| 32,735,3   | 40.        | G Check organization type ► X 501(c) corp   | oration     | 501(c) trust                | 401(a) 1                 |                                   | Other trust  |
|  | -          |   | 1           |                             | e only (or first) unr    |                                   |  |
|  |            | EE STATEMENT 1  | rto Lon     |                             | omplete Parts I-V. If    |                                   |  |
| business, then complete                                |            | ice at the end of the previous sentence, complete Pa  | rts i an    | a II, complete a Schedule r | vi for each additiona    | ii irade (                        | Of   |
|  |            | -v.<br>poration a subsidiary in an affiliated group or a parer  | nt-euhei    | diary controlled group?     | <b>.</b>                 | Yes                               | X No   |
|  |            | tifying number of the parent corporation.   | it Jubbi    | ulary controlled group:     |                          |                                   | [22] 140   |
|  |            | TAMARA KALANDIYA  |             | Telephor                    | ne number <b>&gt;</b> 20 | 02-7                              | 785-1141   |
| Part I Unrelate  | d Tra      | de or Business Income   |             | (A) Income                  | (B) Expenses             |                                   | (C) Net  |
| 1a Gross receipts or sale                              | es         |   |             |                             |                          |                                   |  |
| <b>b</b> Less returns and allo                         | wances     | <b>c</b> Balance ▶  | 1c          |                             |                          |                                   |  |
| 2 Cost of goods sold (S                                | Schedule   | A, line 7)  | 2           |                             |                          |                                   |  |
| 3 Gross profit. Subtrac                                |            |   | 3           |                             |                          |                                   |  |
|  |            | h Schedule D)   | 4a          |                             |                          |                                   |  |
|  |            | art II, line 17) (attach Form 4797)   | 4b          |                             |                          |                                   |  |
| c Capital loss deductio                                | n for tru  | sts   | 4c          |                             |                          |                                   |  |
|  |            | ship or an S corporation (attach statement)   | 5           |                             |                          |                                   |  |
| 6 Rent income (Schedu                                  | , ,        | (Ochodula E)  | 6<br>7      |                             |                          |                                   |  |
|  |            | me (Schedule E)   | 8           |                             |                          |                                   |  |
|  |            | and rents from a controlled organization (Schedule F)<br>on 501(c)(7), (9), or (17) organization (Schedule G) | <del></del> |                             |                          |                                   |  |
|  |            | ime (Schedule I)  | 10          |                             |                          |                                   |  |
|  |            | e J)  | 11          | 4,050.                      | 1,4                      | 77.                               | 2,573.   |
|  |            | ns; attach schedule)  | 12          |                             |                          |                                   |  |
| 13 Total. Combine lines                                | 3 throu    | gh 12   |             | 4,050.                      | 1,4                      | 77.                               | 2,573.   |
| Part II Deduction                                      | ns No      | ot Taken Elsewhere (See instructions fo   | r limita    | tions on deductions.)       |                          |                                   |  |
| (Deductions  | s must l   | pe directly connected with the unrelated busin  | ness in     | come.)                      |                          |                                   |  |
| 14 Compensation of of                                  | ficers, di | rectors, and trustees (Schedule K)  |             |                             |                          | 14                                |  |
|  |            |   |             |                             |                          | 15                                |  |
|  |            |   |             |                             |                          | 16                                |  |
| 17 Bad debts   |            |   |             |                             |                          | 17                                |  |
|  |            | ee instructions)  |             |                             |                          | 18                                |  |
|  |            |   |             |                             |                          | 19                                |  |
|  |            | 562)<br>n Schedule A and elsewhere on return  |             |                             |                          | 21b                               |  |
|  |            |   |             |                             |                          | 22                                |  |
|  |            | mpensation plans  |             |                             |                          | 23                                |  |
|  |            | mponsulon puns  |             |                             |                          | 24                                |  |
|  |            | chedule I)  |             |                             |                          | 25                                |  |
| 26 Excess readership of                                | osts (Sc   | hedule J)   |             |                             |                          | 26                                | 2,573.   |
| 27 Other deductions (a                                 | ttach scl  | nedule)   |             | SEE STATE                   | MENT 2                   | 27                                | 1,000.   |
| 28 Total deductions. A                                 | dd lines   | 14 through 27   |             |                             |                          | 28                                | 3,573.   |
|  |            | ncome before net operating loss deduction. Subtrac  |             |                             |                          | 29                                | -1,000.  |
| -  | -          | loss arising in tax years beginning on or after Janua   |             |                             |                          |                                   |  |
|  |            |   |             |                             |                          | 30                                | 0.   |
| 31 Unrelated business                                  | taxable i  | ncome. Subtract line 30 from line 29  |             |                             |                          | 31                                | -1,000.  |

|      | , ,                 | THE MIDDLE EAST INC  |   |   |  |                                  |              | 02040                | 001          | age Z |
|------|---------------------|--|---|---|--|----------------------------------|--------------|----------------------|--------------|-------|
|      |                     | Total Unrelated Business Taxa  |   |   |  |                                  |              |                      |              |       |
| 32   | Total of            | unrelated business taxable income compute  | d from all unrelated trades   | or businesses (s                            | see instructions                         | )                                | 32           | -1                   | <u>, 0 (</u> | 00.   |
| 33   |                     |  |   |   |  |                                  |              |                      |              |       |
| 34   | Charitat            | le contributions (see instructions for limitation  | on rules)   |   |  |                                  | 34           |                      |              | 0.    |
| 35   | Total un            | related business taxable income before pre-2   | 018 NOLs and specific de  | duction. Subtract                           | line 34 from the s                       | um of lines 32 and               | 33 <b>35</b> | -1                   | <u>, 00</u>  | 00.   |
| 36   | Deducti             | on for net operating loss arising in tax years   | beginning before January  | 1, 2018 (see inst                           | ructions)                                |                                  | 36           |                      |              |       |
| 37   | Total of            | unrelated business taxable income before sp  | ecific deduction. Subtract  | line 36 from line                           | 35                                       |                                  | 37           |                      |              | 00.   |
| 38   | Specific            | deduction (Generally \$1,000, but see line 38  | instructions for exception  | s)  |  |                                  | 38           | 1                    | ,00          | 00.   |
| 39   | Unrelat             | ed business taxable income. Subtract line 3  | 8 from line 37. If line 38 is   | greater than line                           | e 37,                                    |                                  |              |                      |              |       |
|      | enter th            | e smaller of zero or line 37   |   |   |  |                                  | 39           | -1                   | ,00          | 00.   |
| Part | : <b>IV</b>         | Tax Computation  |   |   |  |                                  |              |                      |              |       |
| 40   | Organiz             | ations Taxable as Corporations. Multiply lin   | e 39 by 21% (0.21)  |   |  |                                  | <b>►</b> 40  |                      |              | 0.    |
| 41   |                     | Taxable at Trust Rates. See instructions for t   |   |   |  |                                  |              |                      |              |       |
|      | Та                  | x rate schedule or 🔲 Schedule D (Forn  | n 1041)   |   |  |                                  | <b>►</b> 41  |                      |              |       |
| 42   | Proxy ta            | ax. See instructions   |   |   |  |                                  | 42           |                      |              |       |
| 43   | Alternat            | ive minimum tax (trusts only)  |   |   |  |                                  | 43           |                      |              |       |
| 44   | Tax on              | Noncompliant Facility Income. See instructi  | ons   |   |  |                                  | 44           |                      |              |       |
| 45   |                     | dd lines 42, 43, and 44 to line 40 or 41, whic   | 45  |   |  | 0.                               |              |                      |              |       |
|      |                     | Tax and Payments   |   |   |  |                                  |              |                      |              |       |
| 46 a | Foreign             | tax credit (corporations attach Form 1118; tr  | usts attach Form 1116)  |   | 46a                                      |                                  |              |                      |              |       |
| b    | Other cr            | edits (see instructions)   |   |   | 46b                                      |                                  |              |                      |              |       |
| -    |                     |  |   |   |  |                                  |              |                      |              |       |
|      |                     | or prior year minimum tax (attach Form 8801  |   |   |  |                                  |              |                      |              |       |
| е    | Total cr            | edits. Add lines 46a through 46d   |   |   |  |                                  | 46e          |                      |              |       |
| 47   | Subtrac<br>Other ta | 47   |   |   | 0.                                       |                                  |              |                      |              |       |
| 48   | Other ta            | ile) 48  |   |   |  |                                  |              |                      |              |       |
| 49   | Total ta            | 49   |   |   | 0.                                       |                                  |              |                      |              |       |
| 50   | 2019 ne             | t 965 tax liability paid from Form 965-A or Fo   | orm 965-B, Part II, column  | (k), line 3                                 |  |                                  | 50           |                      |              | 0.    |
| 51 a | Paymen              | ts: A 2018 overpayment credited to 2019  |   |   | 51a                                      |                                  |              |                      |              |       |
| b    | 2019 es             | timated tax payments   |   |   | 51b                                      |                                  |              |                      |              |       |
| C    | Tax dep             | osited with Form 8868  |   |   | 51c                                      |                                  |              |                      |              |       |
| d    | Foreign             | organizations: Tax paid or withheld at source  | e (see instructions)  |   | 51d                                      |                                  |              |                      |              |       |
| е    | Backup              | withholding (see instructions)   |   |   | 51e                                      |                                  |              |                      |              |       |
| f    | Credit fo           | or small employer health insurance premium:  |   |   |  |                                  |              |                      |              |       |
| g    | Other cr            | edits, adjustments, and payments: 🔲 F  | orm 2439  |   |  |                                  |              |                      |              |       |
|      | ☐ Fo                | rm 4136 🔲 C  | )ther   | Total                                       | ▶ 51g                                    |                                  |              |                      |              |       |
| 52   | Total pa            | ayments. Add lines 51a through 51g   |   | <del></del>                                 |  |                                  | 52           |                      |              |       |
| 53   | Estimate            | ed tax penalty (see instructions). Check if For  | m 2220 is attached 🕨  |   |  |                                  | 53           |                      |              |       |
| 54   | Tax due             | . If line 52 is less than the total of lines 49, 5   | 0, and 53, enter amount ov  | wed   |  |                                  | 54           |                      |              |       |
| 55   | Overpa              | yment. If line 52 is larger than the total of line   | es 49, 50, and 53, enter am   | nount overpaid                              |  |                                  | <b>55</b>    |                      |              |       |
|      |                     | e amount of line 55 you want: <b>Credited to 20</b>  |   |   |  | Refunded                         | <b>56</b>    |                      |              |       |
| Part | VI S                | Statements Regarding Certain   | Activities and Ot   | her Informa                                 | ation (see in                            | structions)                      |              |                      |              |       |
| 57   | At any t            | me during the 2019 calendar year, did the or   | ganization have an interes  | t in or a signatur                          | e or other autho                         | ority                            |              | <u> Y</u>            | 'es          | No    |
|      | over a fi           | nancial account (bank, securities, or other) ii  | n a foreign country? If "Yes  | s," the organization                        | on may have to                           | file                             |              |                      |              |       |
|      | FinCEN              | Form 114, Report of Foreign Bank and Finan   | cial Accounts. If "Yes," ente   | er the name of th                           | e foreign count                          | ry                               |              |                      |              |       |
|      | here                | <b>&gt;</b>  |   |   |  |                                  |              |                      |              | X     |
| 58   | During t            | he tax year, did the organization receive a dis  | stribution from, or was it th   | ne grantor of, or t                         | transferor to, a t                       | foreign trust?                   |              |                      |              | Х     |
|      | If "Yes,"           | see instructions for other forms the organiza  | tion may have to file.  |   |  |                                  |              |                      |              |       |
| 59   |                     | e amount of tax-exempt interest received or a  | <u> </u>  |   |  |                                  |              |                      |              |       |
| 0:   | Un                  | der penalties of perjury, I declare that I have examine<br>rect, and complete. Declaration of preparer (other that | ed this return, including accomp<br>an taxpayer) is based on all info | panying schedules a<br>prmation of which pr | and statements, ar<br>reparer has any kn | id to the best of my<br>owledge. | knowledge a  | nd belief, it is tru | ie,          |       |
| Sign |                     |  | 1   |   |  | _                                | May the IR   | S discuss this re    | turn w       | ith   |
| Here |                     | Discontinuo de discon  | Data.   | CFO   |  |                                  |              | er shown below (     | see          |       |
|      |                     | Signature of officer   | Date  | <b>▼</b> Title                              |  |                                  |              | s)? X Yes            |              | No    |
|      |                     | Print/Type preparer's name   | Preparer's signature  |   | Date                                     | Check                            | if PTI       | N                    |              |       |
| Paid | I                   | L  |   |   |  | self- employ                     |              | 010515               |              |       |
| Prep | oarer               | DAVID JONES  |   |   |  |                                  |              | 013610               |              |       |
| -    | Only                | Firm's name ► JONES, MARES   |   |   | ., ~                                     | Firm's EIN                       | <b>▶</b> 5   | 2-1853               | 933          | 5     |
|      | -                   |  | TLE PATUXENT  | PARKWA                                      | Y, SUIT                                  |                                  | 410          | 004 00               | 2.0          |       |
|      |                     | Firm's address ► COLUMBIA,   | MD 21044  |   |  | Phone no.                        | 4 L U -      | 884-02               | ⊿U           |       |

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| Schedule A - Cost of Goods  | <b>s Sold.</b> Enter       | method of inve   | ntory v  | aluation 🕨 N/A   |          |  |   |  |     |
|---|----------------------------|--|----------|--|----------|--|---|--|-----|
| 1 Inventory at beginning of year  | 1                          |  | 6        | Inventory at end of yea  | r        |  | 6   |  |     |
| 2 Purchases   | 2                          |  |          | Cost of goods sold. Su   |          |  |   |  |     |
| 3 Cost of labor   | 3                          |  |          | from line 5. Enter here  | and in F | Part I,  |   |  |     |
| 4a Additional section 263A costs  |                            |  |          | line 2   |          |  | 7   |  |     |
| (attach schedule)   | 4a                         |  | 8        | Do the rules of section  | 263A (\  | with respect to  |   | Yes  | No  |
| <b>b</b> Other costs (attach schedule)  | 4b                         |  |          | property produced or a   | acquired | l for resale) apply to   |   |  |     |
| 5 Total. Add lines 1 through 4b   |                            |  |          |  |          |  |   |  |     |
| Schedule C - Rent Income  | (From Real                 | Property an  | d Pe     | rsonal Property  | Leas     | ed With Real Prop  | perty)                                    |  |     |
| (see instructions)  |                            |  |          |  |          |  |   |  |     |
| 1. Description of property  |                            |  |          |  |          |  |   |  |     |
| (1)   |                            |  |          |  |          |  |   |  |     |
| (2)   |                            |  |          |  |          |  |   |  |     |
| (3)   |                            |  |          |  |          |  |   |  |     |
| (4)   |                            |  |          |  |          |  |   |  |     |
|   | 2. Rent receiv             | ed or accrued  |          |  |          | 2(a) Dodustions directly   | aannaatad                                 | with the income  | in  |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50% | than                       | of rent for  | personal | sonal property (if the percenta<br>property exceeds 50% or if<br>ed on profit or income) | age      | 3(a) Deductions directly columns 2(a) and                                  |   |  | III |
| (1)   |                            |  |          |  |          |  |   |  |     |
| (2)   |                            |  |          |  |          |  |   |  |     |
| (3)   |                            |  |          |  |          |  |   |  |     |
| (4)   |                            |  |          |  |          |  |   |  |     |
| Total   | 0.                         | Total  |          |  | 0.       |  |   |  |     |
| (c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column                      | 2(a) and 2(b). En<br>ı (A) | ter <b>&gt;</b>  |          |  | 0.       | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | •   |  | 0.  |
| Schedule E - Unrelated Deb  |                            |  | instru   | ctions)  |          |  |   |  |     |
|   |                            |  | 2        | 2. Gross income from   |          | <ol><li>Deductions directly conn<br/>to debt-finance</li></ol>             |   |  |     |
| 1. Description of debt-fir  | nanced property            |  |          | or allocable to debt-<br>financed property   | (a)      | Straight line depreciation (attach schedule)                               | (b) Other deductions<br>(attach schedule) |  |     |
| (1)   |                            |  | +        |  |          |  |   |  |     |
| (2)   |                            |  |          |  |          |  |   |  |     |
| (3)   |                            |  |          |  |          |  |   |  |     |
| (4)   |                            |  |          |  |          |  |   |  |     |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)         | of or a<br>debt-fina       | adjusted basis<br>allocable to<br>nced property<br>a schedule) | 6        | 6. Column 4 divided<br>by column 5   |          | 7. Gross income reportable (column 2 x column 6)                           |   | Allocable deduct<br>mn 6 x total of co<br>3(a) and 3(b)) |     |
| (1)   |                            |  |          | %  |          |  |   |  |     |
| (2)   |                            |  |          | %  |          |  |   |  |     |
| (3)   |                            |  |          | %  |          |  |   |  |     |
| (4)   |                            |  |          | %  |          |  |   |  |     |
|   |                            |  |          |  |          | nter here and on page 1,<br>Part I, line 7, column (A).                    |   | r here and on pag  |     |
| Totals  |                            |  |          | <b></b>  |          | 0.   | .   |  | 0.  |
| Total dividends-received deductions in  |                            |  |          |  | -        | <u> </u>   |   |  | 0 - |

| Scriedule 1 - Interest, 7           |                                       |                       |                          | Controlled O                              |                  |  |   | (356 1113                       | Ja GOLIOI I         | <u> </u>  |
|-------------------------------------|---------------------------------------|-----------------------|--------------------------|---|------------------|--|---|---------------------------------|---------------------|---|
| 1. Name of controlled organizat     | tion 2. En                            | nployer               | -                        | elated income                             | <u> </u>         | tal of specified                                 | 5. Par                                  | t of column 4                   | that is             | 6. Deductions directly                            |
| Hame or controlled organizati       | identif                               | fication<br>nber      |                          | instructions)                             |                  | ments made                                       | includ                                  | ed in the cont<br>ation's gross | rolling             | connected with income<br>in column 5              |
|                                     |                                       |                       |                          |   |                  |  |   | · ·                             |                     |   |
| (1)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (2)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (3)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (4)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| Nonexempt Controlled Organi         | zations                               |                       |                          |   |                  |  |   |                                 |                     |   |
| 7. Taxable Income                   | 8. Net unrelated inco                 |                       | 9. Total o               | of specified payr<br>made                 | nents            | 10. Part of colur in the controlli               | nn 9 tha                                | t is included                   |                     | ductions directly connected                       |
|                                     | (see instruction                      | 15)                   |                          | made                                      |                  |  | income                                  |                                 | WILL                | income in column 10                               |
|                                     |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (1)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (2)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (3)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (4)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
|                                     |                                       |                       |                          |   |                  | Add colum  |   |                                 |                     | d columns 6 and 11.                               |
|                                     |                                       |                       |                          |   |                  | Enter here and<br>line 8. c                      | on page<br>olumn (A                     |                                 |                     | ere and on page 1, Part I,<br>line 8, column (B). |
|                                     |                                       |                       |                          |   |                  | 5, 5   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ť                               |                     |   |
| Totals                              |                                       | • ••                  |                          | T) (0)                                    | <b>&gt;</b>      |  |   | 0.                              |                     | 0.  |
| Schedule G - Investme               |                                       | Section               | 5U1(c)(                  | 7), (9), or                               | (1 <i>1</i> ) Oi | rganization                                      |   |                                 |                     |   |
| (see instr                          | ructions)                             |                       |                          |   |                  | 3. Deduction                                     | 20                                      |                                 |                     | 5. Total deductions                               |
| 1. Desc                             | ription of income                     |                       |                          | 2. Amount of                              | income           | directly conne                                   | cted                                    | 4. Set-                         | asides<br>schedule) | and set-asides                                    |
| (4)                                 |                                       |                       |                          |   |                  | (attach sched                                    | ule)                                    | (artaon c                       | , or reduie)        | (col. 3 plus col. 4)                              |
| (1)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (2)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (3)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (4)                                 |                                       |                       |                          | Enter here and o                          | on page 1.       |  |   |                                 |                     | Enter here and on page 1                          |
|                                     |                                       |                       |                          | Part I, line 9, co                        | lumn (A).        |  |   |                                 |                     | Part I, line 9, column (B).                       |
| Totals                              |                                       |                       |                          |   | 0.               |  |   |                                 |                     | 0.  |
| Schedule I - Exploited              | Exempt Activity                       | v Incom               | e Other                  | · Than Δd                                 |                  | ing Income                                       |   |                                 |                     |   |
| (see instru                         | •                                     | y incom               | e, Other                 | man Au                                    | IVCI (IS         | ing income                                       | •                                       |                                 |                     |   |
|                                     | ,                                     |                       |                          | 4. Net incom                              | ie (loss)        |  |   |                                 |                     | 7 -   |
| 1. Description of                   | 2. Gross unrelated business           | 3. Exp<br>directly co |                          | from unrelated                            | trade or         | <ol><li>Gross inco<br/>from activity t</li></ol> |   |                                 | enses               | 7. Excess exempt expenses (column                 |
| exploited activity                  | income from                           | with pro<br>of unre   |                          | business (column :<br>minus column 3). If |                  | is not unrelat                                   | ed                                      | attributable to column 5        |                     | 6 minus column 5,<br>but not more than            |
|                                     | trade or business                     | business              |                          | gain, compute<br>through                  |                  | business inco                                    | me                                      |                                 |                     | column 4).  |
| (1)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (2)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (3)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (4)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
|                                     | Enter here and on                     | Enter her page 1.     |                          |   |                  |  |   |                                 |                     | Enter here and                                    |
|                                     | page 1, Part I,<br>line 10, col. (A). | line 10,              |                          |   |                  |  |   |                                 |                     | on page 1,<br>Part II, line 25.                   |
| Totals                              | 0.                                    |                       | 0.                       |   |                  |  |   |                                 |                     | 0.  |
| Schedule J - Advertisi              | ng Income (see                        | instruction           | ıs)                      |   |                  |  |   |                                 |                     |   |
| Part I Income From                  | Periodicals Rep                       | orted o               | n a Con                  | solidated                                 | Basis            |  |   |                                 |                     |   |
|                                     |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
|                                     | 2. Gross                              |                       | 9                        | 4. Advert                                 | ising gain       | E .  |   | 6.                              |                     | 7. Excess readership                              |
| 1. Name of periodical               | advertising                           |                       | 3. Direct ertising costs | or (loss) (co<br>col. 3). If a ga         |                  |  | ion                                     | 6. Reade                        |                     | costs (column 6 minus<br>column 5, but not more   |
|                                     | income                                |                       |                          | cols. 5 th                                |                  |  |   |                                 |                     | than column 4).                                   |
| (1) THE MIDDLE EA                   |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (2) JOURNAL                         | 4,05                                  | 0.                    | 1,477                    | •   |                  | 1  | 51.                                     | 24,                             | 217.                |   |
| (3)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| (4)                                 |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
|                                     |                                       |                       |                          |   |                  |  |   |                                 |                     |   |
| Totals (carry to Part II, line (5)) | ▶ 4,05                                | 0.                    | 1,477                    | . 2                                       | <u>,573</u>      | <u>.  1</u>                                      | 51.                                     | 24,                             | 217.                | 2,573.  |
|                                     |                                       |                       |                          |   |                  | · · · · · · · · · · · · · · · · · · ·            |   |                                 |                     | Form <b>990-T</b> (2019)                          |

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

| 1. Name of periodical       | 2. Gross<br>advertising<br>income                    | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| (1)                         |  |  |  |                       |                     |   |
| (2)                         |  |  |  |                       |                     |   |
| (3)                         |  |  |  |                       |                     |   |
| (4)                         |  |  |  |                       |                     |   |
| Totals from Part I          | 4,050.   | 1,477.   |  |                       |                     | 2,573.  |
|                             | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |                       |                     | Enter here and<br>on page 1,<br>Part II, line 26.                                 |
| Totals, Part II (lines 1-5) | 4,050.   | 1,477.   |  |                       |                     | 2,573.  |

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

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

| FORM 990-T        | DESCRIPTION OF | ORGANIZATION'S | PRIMARY UNRELATED | STATEMENT | 1 |  |
|-------------------|----------------|----------------|-------------------|-----------|---|--|
| BUSINESS ACTIVITY |                |                |                   |           |   |  |

ADVERTISING IN THE MIDDLE EAST JOURNAL

TO FORM 990-T, PAGE 1

| FORM 990-T                   | OTHER DEDUCTIONS | STATEMENT 2 |
|------------------------------|------------------|-------------|
| DESCRIPTION                  |                  | AMOUNT      |
| TAX PREP FEES                |                  | 1,000.      |
| TOTAL TO FORM 990-T, PAGE 1, | LINE 27          | 1,000.      |