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uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat	
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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change THE MIDDLE EAST INSTITUTE Name change 53-0204608 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-1761 N STREET N.W. 202-785-1141 Amended return 6,155,428. City, town, or post office, state, and ZIP code **G** Gross receipts \$ Applica-WASHINGTON, DC 20036-2882 H(a) Is this a group return pending F Name and address of principal officer: AMB . WENDY J . CHAMBERLIN Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.MEI.EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ Year of formation: 1948 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE KNOWLEDGE OF THE **Activities & Governance** MIDDLE EAST IN AMERICA AND STRENGTHEN UNDERSTANDING OF THE UNITED Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 25 $\overline{24}$ Number of independent voting members of the governing body (Part VI, line 1b) <u>58</u> Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 133 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 8.450. Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,962,697. 2,620,164. Contributions and grants (Part VIII, line 1h) Revenue 1,030,835. 1,036,588. Program service revenue (Part VIII, line 2g) 214,440. 400,259. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,626. 48,898. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,100,156. 5,245,351. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 1,570,570. 1,736,364. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,227,158. 1,181,056. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,751,626. 2,963,522. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,493,725. 1,136,634. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 6,719,814. 7,998,650. 20 Total assets (Part X, line 16) 185,200. 204,414. 21 Total liabilities (Part X. line 26) Met 6,534,614. 794,236. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign AMB. WENDY J. CHAMBERLIN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature DAVID JONES P01361002 Paid RIBIS, JONES & MARESCA, P.A. Preparer Firm's name Firm's EIN 52-1853933 Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 Use Only COLUMBIA, MD 21044 Phone no. 410-884-0220

」No

X Yes

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,088,543 • including grants of \$

) (Revenue \$ 433, 263.)

e Total program service expenses ▶

2,531,995.

Part IV | Checklist of Required Schedules

THE MIDDLE EAST INSTITUTE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		4	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		Х
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,			37
	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 temporarily restricted endowments, permanent			37
	endowments, or 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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		Х
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		21
•	the organization's separate of 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		Х
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		Х
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 assistance to any organization	4-		Х
16	or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
20a		20a 20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on 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 Schedule K. If "No", go to line 25	04-		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2-70		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schadula I Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No			
b Enter the number of Forms W2G included in line 1a. Enter o I/I not applicable OI bit the organization comply with backup withholding rules for reportable payment to vendors and reportable gaming (gambling) winnings to prize winners? 2a 58 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32						
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 10 bit files in the calendar year, did the organization in leafl erquired federal employment tax returns? 10 bit files a filed a form 900-for for this year If "No," provide an explanation in Schedule O 11 files and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial account)? 12 bit files, the organization apprix to a prohibited tax shelter transaction at any time during the tax year? 13 bit files, the organization apprix to a prohibited tax shelter transaction at any time during the tax year? 14 bit organization apprix to a prohibited tax shelter transaction at any time during the tax year? 15 bit files, the sea for 50, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 16 bit files, the sea for 50, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductibles a charitable contributions? 16 bit files organization have annual gross neceipts that are normally greater than \$100,000, and did the organization sclicit any contributions that were not tax deductibles a charitable contributions? 18 bit files, did the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 18 bit files organization receive a payment in excess of \$7	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this results. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		(gambling) winnings to prize winners?			1c	X				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if Yes, *has it filed a Form 900-Tro this year? If *No,* provide an explanation in Schedule O 3a At any time during the calandary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the name of the foreign country \(\binom{\times}{\times}\) 5b if Yes,* either the name of the foreign country \(\binom{\times}{\times}\) 5c was instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes,* it line 5a or 5b, did the organization file Form 8886.7? 6c If Yes,* to line 5a or 5b, did the organization file Form 8886.7? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bif If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of 35 made parity as a contribution of proty for which it was required to the Form 8282? 7d Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8d If Yes,* did the organization notify the donor of the value of the goods or services provided? 7d If Yes,* did the organization or ceive a payment in excess of 35 made parity as a contribution of proty for which it was requir	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	58						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O 5b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O 5c If "Yes," the interfer the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5c If "Yes," the first the name of the foreign country." ► 5c instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization of the foreign country. ► 5c instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c If "Yes," to line 5a or 56, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6c If "Yes," the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall expressed the organization shall expressed the organization shall expressed the organization shall expressed the property of which it was required to file Form 8282? 6d If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7d If the organization make any taxable distributions under section 4966? 7d Sponsoring organizations maintaining doo	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	_X_				
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ▶ b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial accountly. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or that were not tax deductibles or that deductibles a charitable contributions? 5b If "Yes," to line Sa or 5b, did the organization the form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c Were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8888-7. c) bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8888-7. d) bill the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 organization received any funds, directly or indirectly, on a personal benefit contract? 7 organization received any funds, directly or indirectly, or a personal benefit contract? 7 organization received any funds, directly		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a froeign country (such as a bank account, securities account, or other financial account)? **Note of the organization and in a froeign country (such as a bank account, securities account, or other financial account)? **Se in the organization are previously to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Se in If Yes, **Indicate the annual report of the Asset on Financial Accounts. **Indicate the annual report of the Asset of Torganization received a payment in excess of \$75 made party as a contribution on an express statement that such contribution. **June 10										
financial account in a foreign country (such as a bank account, securities account, or other financial accountity? b If "Yes," enter the name of the foreign country; " See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any atsable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible as charitable contributions? 6a Z Y 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Ibl the organization state may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8/28? b If "Yes," did the organization received any funds, directly or indirectly, on pay premiums on a personal benefit contract? 7 Old the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C/7 7 S Ponsoring organization make any taxable distributions under section 4968? b Did the organization make any taxable distributions under section 4968? c) Sponsoring organization make any taxable distributions under section 4968? b) Did the organization make any taxable distributions under section 4968? c) Section 501(c)(2) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b) Gross income from members or shareholders b) Gross income from members or shareholders c) Gross inc		•			3b	<u>X</u>				
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Usas Was the organization party to a prohibited tax shelter transaction? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b M*Yes, fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7a X 5b M*Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a M*Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Spensoring organization meake a contribution of casis, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7b M*Yes," indicate the number of Forms 8282 filed during the year organization, and onor advised funds and section 509(a)3 supporting organization file a Form 1098-07 7b M*Yes, Section 501(c)(T) organization maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098-07 7c X 7d Did the organization maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098-07 7c Did Hyes,	4a			•						
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	b	if thes, that it filed a Form 720 to report these payments? If two, provide an explanation in Schedule	₹U			990	(2012)			

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 in Schedule O. See instructions.

Section A. Governing Body and Management Vest No.		Check if Schedule O contains a response to any question in this Part VI					LX.			
the Enter the number of voting members of the governing body, of the end of the tax year if there are material differences in voting rights among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members in challenging the standing and the properties of the control	<u>Sec</u>	tion A. Governing Body and Management								
## there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, replain in Schedule 0. Enter the number of voting members included in line 1s, above, who are independent						Yes	No			
body delegated broad authority to an executive committee or similar committee, explain in Schedule D. Enter the number of voting members included in line 1a, above, who are independent 2	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25						
b Enter the number of voting members included in line 1 a, above, who are independent 1 10 24 2 10 day officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was field? 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If Yes, provide the names and addresses in Schedule O 5 If Yes, if 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? 6 Ves No. 7 If Yes, if did the organization have a written conflict of interest policy? If Yes, if online 13 8 Did the organization have a written conflict of interest policy? If Yes, if online 13 9 Describe in Schedule O the process, if any, used by the organization to review this Form 980. 10 Did the organization have a written openion and enforce compliance with the progenization with a governing body before filing the		If there are material differences in voting rights among members of the governing body, or if the governing								
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a I X 10b 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 I a Has the organization provided a complete copy of this Form 990 to all members of fits governing body before filing the form? 10b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of fits governing body before filing the form? 10b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to line 13 11c Did the organization have a written conflict of interest policy? If "No," go to line 13 11d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 11d Did the organization have a written whistleblower policy? 11d Did the organization have a written the document retention and destruction policy? 11d 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? 11d Did the organization is CEO, Executive Director, or top management official 11d Did Did the organization fuse in continuous and persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 11d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 11d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 11d Did the		organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
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12-10-12

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

Check if Schedule O contains a response to any question 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.

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

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l	111126	((пре	isat	(D)	(E)	(F)				
Name and Title	Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Key employee Highest compensated		Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		Unicer Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GENERAL ANTHONY C. ZINNI CHAIRMAN	3.00	x		х				0.	0.	0.				
(2) WENDY J. CHAMBERLIN	40.00													
PRESIDENT & CEO		х		Х				169,663.	0.	11,011.				
(3) HARRY L. ALVERSON, III	1.00							-		-				
DIRECTOR		Х						0.	0.	0.				
(4) KARIM ABUHAMAD	1.00													
DIRECTOR		Х						0.	0.	0.				
(5) JOSEPH L. BRAND, ESQ.	2.00													
DIRECTOR		Х						0.	0.	0.				
(6) RICHARD A. CLARKE	1.00													
DIRECTOR		Х						0.	0.	0.				
(7) JEFFREY AVINA	1.00													
DIRECTOR		Х						0.	0.	0.				
(8) ESTHER COOPERSMITH	1.00							_	_	_				
DIRECTOR		Х						0.	0.	0.				
(9) THOMAS CAMPBELL	1.00													
DIRECTOR		Х						0.	0.	0.				
(10) RICHARD MURPHY	1.00													
DIRECTOR		Х						0.	0.	0.				
(11) JAMES K. HOLMAN	1.00									•				
DIRECTOR	1 00	Х						0.	0.	0.				
(12) LOUIS HUGHES	1.00							•		0				
DIRECTOR	2 00	Х						0.	0.	0.				
(13) DANIEL KURTZER	2.00	,,						0		0				
DIRECTOR	1 00	Х						0.	0.	0.				
(14) KAY LARCOM	1.00	Ţ.						0		0				
DIRECTOR (15) PRAD POURLAND	1 00	Х						0.	0.	0.				
(15) BRAD BOURLAND	1.00	x						0.	0.	^				
OIRECTOR (16) PHILIP C. WILCOX	1.00	^						0.	0.	0.				
DIRECTOR	1.00	x						0.	0.	0.				
(17) NIJAD FARES	1.00	<u> </u>	-		_		\vdash	0.	0.	0.				
DIRECTOR	1.00	x						0.	0.	0.				
		41	İ	l	l	I		U •		Farm 990 (0010)				

232007 12-10-12

Form 990 (2012) IRE MIDDI	TE EWSI		. GV.	ГТ	10.	15			33-0204	±000	F	age o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	ition	than	one	Reportable	Reportable	E	stimat	ed
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	ar	nount	of
	week	\vdash	cer ar	nd a d	recto	r/trus	tee)	from	from related		other	
	(list any	or director						the	organizations		npens	
	hours for related	ordi	8			ated		organization	(W-2/1099-MISC)		rom th	
	organizations	量	trust		g,	suadı		(W-2/1099-MISC)			janiza d rela	
	below	ual tr	tional		ploye	st con	L				anizat	
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			l	arnzac	.10113
(18) JACK MOORE	1.00	 -	<u> </u>		Ť							
DIRECTOR		X						0.	0			0.
(19) ABBAS F. ZUAITER	1.00											
DIRECTOR		X						0.	0	•		0.
(20) ROBERT JORDAN	1.00											
DIRECTOR		X						0.	0 .	•		0.
(21) MICHAEL PETRUZZELLO	1.00											
DIRECTOR		X						0.	0 .	•		0.
(22) H. P. GOLDFIELD	1.00											
DIRECTOR		X						0.	0 .	•		0.
(23) DAVID HOGAN	1.00											
DIRECTOR		X						0.	0	•		0.
(24) GEORGE R. SALEM, ESQ.	1.00											
DIRECTOR		X						0.	0			0.
(25) HON. MARCELLE WAHBA	1.00											
DIRECTOR		Х						0.	0			0.
1b Sub-total								169,663.	0		1,0	11.
c Total from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.	0			0.
d Total (add lines 1b and 1c)								169,663.	0	. 1	1,0	11.
2 Total number of individuals (including but n							no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tro	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d otl	her compensation from	the organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e <i>J f</i>	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unr	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	le J f	or s	uch ,	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	year.			
(A)								(B)			C)	
Name and business								Description of s	services	Compe	nsatio	on
AMERICAN PROFESSIONAL WAY					MZ	ASC	- 1					
1812 SCAFFOLD WAY, ODENTO	ON, MD	21:	L1:	3			(CONSTRUCTION		14	1,3	75.
							_					
									l			

Form **990** (2012)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2012) THE MID

ı u	LVI	Check if Schedule O conta		to any question i	n this Part VIII			
		Oncok ii Odricadic O dolik	апо а гозропос	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (С	Fundraising events	1c					
필	d	Related organizations	1d					
ž,i	е	Government grants (contributi	ons) 1e	827,713.				
tion 's	f	All other contributions, gifts, grant	s, and					
ള		similar amounts not included abov	/e 1f	1,792,451.				
발	g	Noncash contributions included in lines	1a-1f: \$	10,070.				
<u>a 8</u>	h	Total. Add lines 1a-1f		>	2,620,164.			
				Business Code				
ဗ္ဗ	2 a	LANGUAGE PROGRAM		611600	401,409.	401,409.		
Program Service Revenue	b	ANNUAL CONFERENCE		900099	387,030.	387,030.		
Sul	С	MIDDLE EAST JOURNAL AND	PUBLICATI	541800	196,163.	187,713.	8,450.	
ev ev	d	MEMBERSHIP DUES		900099	44,245.	44,245.		
<u>Б</u> .	е	OTHER PROGRAMS		900099	1,988.	1,988.		
- □	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,030,835.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			168,848.			168,848.
	4	Income from investment of tax	exempt bond ¡	oroceeds >				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
		Gross rents	29,420					
	b	Less: rental expenses	0 .					
		Rental income or (loss)	29,420					
				>	29,420.			29,420.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,286,683	•				
	b	Less: cost or other basis						
		and sales expenses	2,055,272					
		Gain or (loss)						
		Net gain or (loss)			231,411.			231,411.
e l	8 a	Gross income from fundraising	g events (not					
ē		including \$	of					
Be		contributions reported on line	•					
Other Revenu		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund	-					
	9 а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 2	REFUNDS, REBATES, MISC.		900099	13,098.			13,098.
	ii a			900099	6,380.			6,380.
	C	·		-	,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	d							
	ب م	Total. Add lines 11a-11d			19,478.			
	12	Total revenue. See instructions.			4,100,156.	1,022,385.	8,450.	449,157.
23200 12-10-						· · · · ·		Form 990 (2012)

Form 990 (2012) THE MIDDLE EA 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).											
00011	Check if Schedule O contains a respor			тристе сошти (гу.								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and		·		·							
	organizations in the United States. See Part IV, line 21											
2	Grants and other assistance to individuals in											
	the United States. See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	180,674.	159,600.	10,593.	10,481.							
6	Compensation not included above, to disqualified	100,071	133,000.	10,333.	10,101.							
U	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	1,336,746.	1,179,877.	80,515.	76,354.							
8	Pension plan accruals and contributions (include	, , . = 3 0	, -,	,	.,							
-	section 401(k) and 403(b) employer contributions)	37,484.	33,523.	1,273.	2,688.							
9	Other employee benefits	77,324.	69,153.	2,626.	5,545.							
10	Payroll taxes	104,136.	92,391.	4,674.	2,688. 5,545. 7,071.							
11	Fees for services (non-employees):											
а	Management											
b	Legal											
С	Accounting	13,000.		13,000.								
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	29,371.		29,371.								
g	Other. (If line 11g amount exceeds 10% of line 25,	22 500	11 000	10 000	2 600							
	column (A) amount, list line 11g expenses on Sch O.)	33,722.	11,039.	19,003.	3,680. 150.							
12	Advertising and promotion	1,113.	823.	140.								
13	Office expenses	264,196.	212,547.	47,637.	4,012.							
14	Information technology											
15	Royalties	89,521.	79,659.	6,361.	3,501.							
16	Occupancy	145,323.	119,267.	1,592.	24,464.							
17	Travel	143,323.	117,207.	1,352.	21,101.							
18	Payments of travel or entertainment expenses											
19	for any federal, state, or local public officials Conferences, conventions, and meetings	333,279.	295,266.	36,457.	1,556.							
20	Interest	300,2,50		30,10,1	_,555.							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	59,299.	47,691.	11,308.	300.							
23	Insurance	28,143.	21,283.	4,256.	2,604.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	CUTURAL CENTER OPERATIO	110,792.	102,272.	8,520.								
b	PRINTING AND PUBLICATIO	71,591.	67,791.	3,640.	160.							
С	RESEARCH AND EXHIBITION	36,289.	36,289.									
d	DUES AND SUBSCRIPTIONS	11,519.	3,524.		7,995.							
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	2,963,522.	2,531,995.	280,966.	150,561.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)				Farm QQ (2012)							

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 26,288. 82,105. 1 Cash - non-interest-bearing 1 923,975. 677,477. 2 Savings and temporary cash investments 2 1,191,624. 926,236. 3 Pledges and grants receivable, net 3 76,406. 48,804. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 36,551. 339. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 2,539,789 basis. Complete Part VI of Schedule D _____ 10a 803,517. b Less: accumulated depreciation 10b 1,634,049. 905,740. 10c 3,661,253. Investments - publicly traded securities 4,323,962. 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 200. 1,033,987. Other assets. See Part IV, line 11 15 15 6,719,814. 7,998,650. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 64,894. 103,487. Accounts payable and accrued expenses 17 17 18 Grants payable 18 120,306. 100,927. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 185,200. 204,414. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,674,655. 3,908,862. 27 Unrestricted net assets 27 444,829. 387,003. Temporarily restricted net assets 28 28 2,415,130. 3,498,371. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 6,534,614. 7,794,236. 33 Total net assets or fund balances 33 6,719,814. 7,998,650. 34 34 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets			•				
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1 4	1,10	0,1	56.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,96	3,5	22.			
3	Revenue less expenses. Subtract line 2 from line 1	3	L,13	6,6	$\overline{34.}$			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 (6,534,614					
5	Net unrealized gains (losses) on investments	5	12	2,9	88.			
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7,79	4,2	36.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				Ш			
				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	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 in Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-						
	Act and OMB Circular A-133?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MIDDLE EAST INSTITUTE

Employer identification number

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 11, 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.) 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. 4 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). 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 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Se	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o	•		•		•	
	stop here. The organization qualifies						
k	33 1/3% support test - 2011. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the "fac			=	· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				•
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a		ns • L

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 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.)

Sec	etion A. Public Support	ciow, picaco comp	sioto i are ii.,								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1566271.	1866617.	1843955.	3962697.	2620164.	11859704.				
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	609,023.	626,997.	768,071.	1036588.	1022385.	4063064.				
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										
	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5	2175294.	2493614.	2612026.	4999285.	3642549.	15922768.				
7a	Amounts included on lines 1, 2, and						_				
	3 received from disqualified persons						0.				
b	Amounts included on lines 2 and 3 received										
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year						0.				
С	Add lines 7a and 7b						0.				
	Public support (Subtract line 7c from line 6.)						15922768.				
_	ction B. Total Support			<u> </u>							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	Amounts from line 6	2175294.	2493614.	2612026.	4999285.	3642549.	15922768.				
10a	Gross income from interest, dividends, payments received on										
	securities loans, rents, royalties	448 605	440 400	105 454	000 000	400 600	1004000				
	and income from similar sources	117,695.	110,429.	127,474.	238,960.	429,679.	1024237.				
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975	117 605	110 400	107 474	020 060	400 670	1004007				
	Add lines 10a and 10b	117,695.	110,429.	127,474.	238,960.	429,679.	1024237.				
• • •	Net income from unrelated business activities not included in line 10b,										
	whether or not the business is	11 522	46 270	11 050	1 457		71 210				
40	regularly carried on	11,533.	46,370.	11,950.	1,457.		71,310.				
12	Other income. Do not include gain or loss from the sale of capital					10 470	10 470				
	assets (Explain in Part IV.)	2304522.	2650413.	2751450	5239702.	19,478.	19,478. 17037793.				
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for										
800	check this box and stop hereetion C. Computation of Publ						<u></u>				
	•			- h (A)		15	93.46 %				
15	11 1 5 1					16	0.4.0.4				
	Public support percentage from 2011 ction D. Computation of Investigation					16	94.24 %				
17						18	5.16 %				
18	Investment income percentage from 2 33 1/3% support tests - 2012. If the										
เฮล							▶ ▼				
h	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \riangle \LX b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
D	line 18 is not more than 33 1/3%, che	-									
20	Private foundation. If the organization			•		•					
20	atc roundation. If the organizatio	ii ala not check a	557 OH III 6 14, 136	a, or roo, crieck ti	ווט טטא מווע שכב וווצ		<u> </u>				

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

2012

Name of the organization **Employer identification number** THE MIDDLE EAST INSTITUTE 53-0204608 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA 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) (2012)

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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

THE MIDDLE EAST INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Employer identification number

THE MIDDLE EAST INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000 .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 13,000.	Person X Payroll

Employer identification number

THE MIDDLE EAST INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$527,816.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$22,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$120,261.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$15,930.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

THE MIDDLE EAST INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$37,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 1,051,037.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,812.	Person X Payroll

Employer identification number

THE MIDDLE EAST INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$14,500 .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$13,156.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$11,500.	Person X Payroll

Employer identification number

THE MIDDLE EAST INSTITUTE

		1	0201000
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,070.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

THE MIDDLE EAST INSTITUTE

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	242 SHARES OF BP @ \$14.61 PER SHARE	-	
		10,070.	11/21/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
23453 12-2	1-12		90, 990-EZ, or 990-PF) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number THE MIDDLE EAST INSTITUTE 53-0204608 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

THE MIDDLE EAST INSTITUTE

Employer identification number 53-0204608

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	ccounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	ds
	are th	e organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga	unization answered "Yes" to Form 990,	Part IV,	line 7.
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	ne orgar	nization during the tax
	year 🕽	-			
4	Numb	er of states where property subject to conservation ease	ement is located >		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it I			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIII, describe how the organization reports conservation	•		,
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the or	ganization's accounting for
Da		rvation easements.	Ant Historical Transcript	\	Cimilar Assats
Par	t III	Organizations Maintaining Collections of	•	otner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		·
		ical treasures, or other similar assets held for public exhil		ance of	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		g to these items:			▶ ↑
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		aı gaın,	provide
_		llowing amounts required to be reported under SFAS 11	· ·		▶ ↑
		nues included in Form 990, Part VIII, line 1			
D	Asset	s included in Form 990, Part X			. • •

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

	t III Organizations Maintaining C	collections of A		easures, o	r Other				ved)
	Using the organization's acquisition, accessi								
3	(check all that apply):	on, and other record	is, check any or the	Tollowing triat	are a sigi	illicarit use	OI ILS	COIIECTIOI	IIIGIIIS
_	Public exhibition	d	Loop or eve	hange prograr	mo				
a									
b	Scholarly research	е	Curier						
C	Preservation for future generations	allactions and avalain	a bayy thay further t	ha araanizatio	n'a avam	nt nurnasa i	n Dor	· VIII	
4	Provide a description of the organization's co						n Par	L AIII.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to							Yes	□ Na
Dai	t IV Escrow and Custodial Arran								└── No
ı aı	reported an amount on Form 990, Pa		ete ii trie organizatio	n answered	res to Fo	omi 990, Pa	rt iv, i	irie 9, or	
12	Is the organization an agent, trustee, custod		lian, for contribution	s or other ass	ote not in	cludod			
Id			•					Yes	□ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						🖵	J 1€5	NO
b	ii res, explain the arrangement in Part Alli	and complete the to	llowing table.					Amount	
_	Reginning halance					1c		Amount	
	Additions during the year					1d			
u	Additions during the year					1e			
f	Distributions during the year								
	Ending balance	orm 000 Part V lino	010					Yes	□ No
	If "Yes," explain the arrangement in Part XIII.								
	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year				hack	(a) Four	vears hack
12	Beginning of year balance	2,415,130.	(b) i noi year	(c) The years	Juon (u	j moo youro	buon	(C) i dui	youro buon
b	Contributions	1,083,241.	2,415,130.						
C	Net investment earnings, gains, and losses	_							
d	Grants or scholarships								
u ۵	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g	End of year balance	3,498,371.	2,415,130.						
2	Provide the estimated percentage of the cur								
– a	Board designated or quasi-endowment	ione your one balano	%	a)) Held do.					
b	Permanent endowment ► 100.00	%	_ ′°						
	Temporarily restricted endowment								
•	The percentages in lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the posse	•	ation that are held a	nd administer	ed for the	organizatio	n		
	by:	estern er une er gamme.						Ţ	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		or other	(c) Acc	umulated		(d) Book	value
		basis (investn	',	(other)		eciation		(-,	
	Land		33	4,115.				334	,115.
	Buildings			5,772.	66	59,493	•		7,279.
	Leasehold improvements								
	Equipment		43	2,831.	4:	L0,365		22	2,466.
	Other	l l		7,071.		54,191			2,880.
	Add lines 1s through 1s (Column (d) must e						1		740.

	Investments - Other Securities. See	e Form 990, Part X, line 1:	2.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financi	ial derivatives			
	/-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
	I Investments - Program Related. Se	e Form 990 Part X line 1	13	
1 0.11	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(-,	(-,	(-,	<u> </u>
(2)				
(3)				
(4)				
(5)				
(6)			+	
(7)			+	
(8)				
(9)				
(10)	(h) must squal Form 000 Port V sol (P) line 12)			
Dart IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X, line	15		
Faitix		Description		(b) Book value
	ENEFICIAL INTEREST IN PE		1	1,033,787.
	ECURITY DEPOSIT	KLEIOND IKOSI	-	200.
(-)	ECORITI DEFOSII			200.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				1 022 007
	umn (b) must equal Form 990, Part X, col. (B) line		>	1,033,987.
Part X	Other Liabilities. See Form 990, Part X, I	ine 25.	(1) D	
<u>1. </u>	(a) Description of liability		(b) Book value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line	e 25.) >		

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 THE MIDDLE EAST INSTITUTE				0204000 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per F	Returi	
1	Total revenue, gains, and other support per audited financial statements			1	3,867,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	<232,661.	>	
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	<232,661.
3	Subtract line 2e from line 1			3	4,100,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,100,156.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,963,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,963,522.
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			
b	Other (Describe in Part XIII.)	4b	·		
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,963,522.

| Part XIII | Supplemental Information

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

PART III, LINE 1A: THE ORGANIZATION MAINTAINS A COLLECTION OF BOOKS FOR

THE PURPOSE OF RESEARCH.

PART V, LINE 4: MEI MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUNDS FOR THE ANNUAL AWARD "ISSAM M. FARES AWARD FOR EXCELLENCE" AND KEYNOTE SPEAKER EXPENSES AT THE MEI ANNUAL CONFERENCE BANQUEST AND AWARD CEREMONY, AND FOR SUPPORT FOR THE MEI LIBRARY.

Supplemental information (continues)
PART X, LINE 2: MEI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY
IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MEI DOES
NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.
NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL
STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE MIDDLE EAST INSTITUTE 53-0204608 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region FUNDRAISING MIDDLE EAST 106,778. 3 a Sub-total 0 106,778. **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 0 and 3b) 106,778.

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

Schedule F (Form 990) 2013	2 Ine M	IDDLE EWSI I	NOITIOIE		33-02	04000		Page 2				
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				

_		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	

3 Enter total number of other organizations or entities ...

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash grant recipients cash disbursement non-cash non-cash assistance assistance

Schedule F (Form 990) 2012 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

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

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing 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. Written employment contract
 ■ Output
 Description:
 □ Output
 Description:
 □ Output
 Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? $\overline{\mathbf{x}}$ 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. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a a The organization? X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported in 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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 in 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 are not 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	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in prior Form 990
(1) WENDY J. CHAMBERLIN	(i)	169,663.	0.	0.	10,575.	436.	180,674.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.		0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

2012
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.

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

ANNUAL CONFERENCE: MEI'S ANNUAL CONFERENCE IS TYPICALLY A TWO-DAY EVENT

THAT PROVIDES VARIOUS SEMINARS, SPEAKER PANELS, AND NETWORKING

OPPORTUNITIES TO ITS ATTENDEES.

EXPENSES \$ 224,488. INCLUDING GRANTS OF \$ 0. REVENUE \$ 431,275.

CENTER FOR TURKISH STUDIES: THE CENTER FOR TURKISH STUDIES AIMS TO

BROADEN THE KNOWLEDGE OF TURKEY IN THE UNITED STATES THROUGH

CONFERENCES, PROGRAMS THAT ATTRACT MEDIA COVERAGE, AND EVENTS FEATURING

SCHOLARS, DIGNITARIES, AND OFFICIALS FROM ACROSS THE POLITICAL SPECTRUM

OF TURKEY AND THE UNITED STATES.

EXPENSES \$ 163,150. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY, OUTREACH, AND COMMUNICATIONS: OVER THE YEARS, MEI EVENTS

HAVE BEEN COVERED BY TOP NATIONAL AND INTERNATIONAL OUTLETS INCLUDING

C-SPAN, AL JAZEERA, CNN, ALHURRA, NPR, AND VOICE OF AMERICA. THE

COMMUNICATIONS DEPARTMENT HAS ALSO PURSUED AN AGGRESSIVE SOCIAL MEDIA

AND OUTREACH STRATEGY AIMED AT BUILDING A VIRTUAL AUDIENCE.

EXPENSES \$ 93,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LIBRARY: MEI MAINTAINS A LIBRARY CONTAINING A COMPREHENSIVE COLLECTION

OF BOOKS AND PERIODICALS ON MIDDLE EAST TOPICS. THE LIBRARY IS OPEN TO

THE GENERAL PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2012)

REMOVAL. 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

THE CHAIRMAN SHALL SERVE FOR A TERM OF FIVE (5) YEARS UNTIL THE NEXT

ELECTED AND QUALIFIED, OR UNTIL HIS OR HER EARLIER RESIGNATION, DEATH, OR

ANNUAL MEETING OF THE BOARD OF GOVERNORS AND HIS OR HER SUCCESSOR IS

17249__1

Form	990-T	E	Exempt Organization Bus	ı H	OMB No. 1545-0687			
	tment of the Treasury		(and proxy tax und	ler se	ction 6033(e))			Open to Public Inspection for
Interna	al Revenue Service	For c	alendar year 2012 or other tax year beginning		, and ending		ŧ	501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)
	empt under section	Print	THE MIDDLE EAST INSTIT	UTE				3-0204608
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see in	structions.			ated business activity codes instructions)
	408(e) 220(e)	l iyec	1761 N STREET N.W.					
	408A530(a)		City or town, state, and ZIP code		_			
\perp]529(a)		WASHINGTON, DC 20036-	288	2		541	800
C Bo	ok value of all assets end of year		exemption number (see instructions)	<u> </u>				
	-	G Checl	k organization type X 501(c) corporation	n L	501(c) trust	401(a) trust	L	Other trust
_	,998,650.		ADVEDUT	CTM	C TN MIT MT		TO	TIDATA T
_			ary unrelated business activity. ADVERTI					
			ooration a subsidiary in an affiliated group or a parei tifying number of the parent corporation.	nt-subsi	idiary controlled group?	P L	Ye	S A NO
			THE MIDDLE EAST INSTITU	ידי	Tolonho	one number \triangleright 2	02-	785_11/1
			de or Business Income	1111	(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		de or business income	П	(/t/ moonic	(B) Exponed		(0) 1101
	Less returns and allo		c Balance	1c				
2			A, line 7)	2				
3			rom line 1c	3				
			ch Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6				6				
			me (Schedule E)	7				
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a section	on 501(c)(7), (9), or (17) organization					
	(Schedule G)			9				
			ome (Schedule I)	10				
			e J)	11	8,450.	5,4	89.	2,961.
			s; attach statement)	12	0.450	- 4	20	0.061
			gh 12	13	8,450.	5,4	89.	2,961.
Ра			ot Taken Elsewhere (see instructions four tions, deductions must be directly connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to the connected to t		•	s incomo)		
			<u> </u>				44	
14			rectors, and trustees (Schedule K)				14 15	
15 16							16	
17							17	
18							18	
19							19	
20	Charitable contribut	ions (see	e instructions for limitation rules)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24			mpensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe	enses (S	chedule I)				26	
27			hedule J)				27	2,961.
28			tement)				28	2 2 2 2 2
29			es 14 through 28				29	2,961.
30			ncome before net operating loss deduction. Subtrac				30	0.
31			n (limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 fr				32	1 000
33			y \$1,000, but see instructions for exceptions)				33	1,000.
34	of zero or line 32	ess tax	able income. Subtract line 33 from line 32. If line	oo is gr	valvi liiali iiile 32, eliler l	IIE SIIIAIIEI		0

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2012)

Form 990	D-T (2012	THE MIDDLE	EASI	IN	STITUTE				53-	020	460	8	Р	age
Part	III	Tax Computation												
35	Orga	anizations taxable as corporati	ons (see	e instruc	tions for tax cor	nputation).								
	Cont	trolled group members (section	s 1561 a	and 156	3) check here 🕨	► See	e instructions an	d:						
	a Ente	r your share of the \$50,000, \$2	5,000, a	ınd \$9, 9	25,000 taxable i	ncome brack	kets (in that orde	r):						
	(1)	\$	(2)	\$		(3)	\$							
	b Ente	r organization's share of: (1) A	dditiona	l 5% tax	(not more than	\$11,750)	\$							
	(2)	Additional 3% tax (not more tha	ın \$100,	000)			\$		_					
		me tax on the amount on line 3									35c			0
36	Trus	sts taxable at trust rates (see in	structio	ns for ta	x computation).	Income tax	on the amount o	n line 34 f	from:					_
		Tax rate schedule or								•	36			
37	Prox	xy tax (see instructions)									37			_
38		rnative minimum tax									38			_
39	Tota	II. Add lines 37 and 38 to line 35	5c or 36	. whiche	ver applies						39			0
		Tax and Payments		,										_
		ign tax credit (corporations atta	ch Form	1118° t	rusts attach For	m 1116)		40a						_
		er credits (see instructions)						40b						
		eral business credit. Attach Forr						H-1-1-						
		lit for prior year minimum tax (a												
		al credits. Add lines 40a through									40e			
41											41			0
42	Otho	tract line 40e from line 39 er taxes. Check if from: Fo	1955		Eorm 9611	7 Earm 960	7	66 🔲	Othor (-44-14-14-14-14		42			-
43									•	- 1	43			0
	a Dover	Il tax. Add lines 41 and 42	oditod to					44a			40			_
44		ments: A 2011 overpayment cr						-						
		2 estimated tax payments						44b						
		deposited with Form 8868						44c						
		ign organizations: Tax paid or v						44d						
		kup withholding (see instruction						44e						
		lit for small employer health ins	urance p					44f						
		er credits and payments:	[Fo	rm 2439									
		Form 4136	l		her									
45		Il payments. Add lines 44a thro									45			
46		mated tax penalty (see instruction									46			_
47		due. If line 45 is less than the to									47			0
48		rpayment. If line 45 is larger tha					overpaid		1	•	48			0
49		r the amount of line 48 you war					1.6		Refunded	<u> </u>	49			
Part		Statements Regardir												
	,	ne during the 2012 calendar ye	,	•			•		•		,	oank,	Yes	No
		s, or other) in a foreign country'							-					
A	ccounts	s. If "Yes," enter the name of the tax year, did the organization receive enter the tax year.	foreign	country	here			-at/1						X
2 Du	"Yes," se	ee instructions for other forms the org	anization	may have	e to file		eror to, a foreign tru						$\sqcup \sqcup$	X
		amount of tax-exempt interest				, ,								
		A - Cost of Goods S	old. Er	nter me	thod of invent									
1 In	ventory	at beginning of year	1			6 Inven	tory at end of yea	ar			6			
2 Pi	urchase	es	2			7 Cost	of goods sold. S	ubtract lin	ie 6					
3 Co	ost of la	abor	3			from	line 5. Enter here	and in Pa	art I, line 2		7			
4a Ac	dditional	section 263A costs (att. statement)	4a			8 Do the	e rules of section	263A (w	ith respect to				Yes	No
b 0	ther cos	sts (attach statement)	4b			prope	erty produced or	acquired t	for resale) apply	to				
5 To	otal. Ad	dd lines 1 through 4b	5			the or	rganization?							
	Ų	Inder penalties of perjury, I declare th orrect, and complete. Declaration of p	at I have	examined	this return, includi	ng accompany							true,	
Sign		orrect, and complete. Declaration of p	oreparer (outer than	ı ıaxpayer) is based	u on an informa	uon or which prepar	er nas any	knowleage.			S discuss this		ith
Here							PRESIDE	NT			•	er shown belo		***
		Signature of officer			Date		Title					s)? X Y		No
	<u> </u>	Print/Type preparer's name			Preparer's sign	ature	Da	te	Check	if	PTI	N		_
Daid	ı				. 9				self- emp	loyed				
Paid		DAVID JONES								,	P	01361	002	
-	oarer	Final DIDIC	, JC	NES	& MARE	SCA, I	P.A.		Firm's E	IN ►		2-185		_
use	Only						PARKWAY,	SUI						_

Form **990-T** (2012)

410-884-0220

Phone no.

Firm's address ► COLUMBIA, MD 21044

Schedule C - Rent Incor	ne (Fro	m Real	Proper	ty and	Personal	Propert	ty Lease	d With Real P	rope	erty)(see instructions)
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2.							3(a) Deductions dire	ctly cor	nnected with the income in
(a) From personal property (if the rent for personal property is 10% but not more than	more than	ge of	(b) ^F	f rent for po	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if			b) (attach statement)
(1)										
(2)										
(3)										
(4)			-							
Total	2()	0.	Total				0.	(b) Total deductions		
(c) Total income. Add totals of colur here and on page 1, Part I, line 6, co	lumn (A) .		▶				0.	Enter here and on page Part I, line 6, column (B)	1.	0.
Schedule E - Unrelated I	Debt-F	inanced	Incom	l e (see i	instructions)					
					2. Gross inc	come from		 Deductions directly to debt-fin 	connect anced p	ted with or allocable property
1. Description of de	ebt-financed	d property			or allocable financed	e to debt-	(a) s	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)		debt-fina	adjusted ba llocable to nced proper statement)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%	,			
(2)						%	, 0			
(3)						%	0			
(4)						%	0			
								ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						1	▶		0.	0.
Total dividends-received deductio									.▶	0.
Schedule F - Interest, Ar	nnuitie	s, Royal	ties, ar					nizations (see ir	nstruc	tions)
1. Name of controlled organization	ı	2. Employer ide			3. nrelated income	Ĭ	4. of specified	5. Part of column 4 included in the con	that is	6. Deductions directly connected with income
		numb		(loss) (s	see instructions)		ents made	organization's gross	income	in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza										
7. Taxable Income		related incom e instructions		9. To	tal of specified pay made	ments	in the cont	olumn 9 that is included rolling organization's oss income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)						1				
(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
-							0			
Totals					<u></u>	>		0.		0.

223721 01-11-13

Schedule G - Investme (see instr		Section 8	501(c)(7), (9), or (17) Oı	rganizat	tion		
1. Desc	ription of income			2. Amount of income		luctions connected statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			E	enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited (see instru	• •	Income	, Other	Than Advertis	ing Inco	me		
		3. Exper	202	4. Net income (loss)	_			7. Excess exempt
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly con with produ of unrela business in	nected action ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	6. Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisi	ng Income (see i	nstructions)						
Part I Income From	Periodicals Rep	orted on	a Cons	olidated Basis	· 			,
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5)) Part II Income From		0. orted on	0 . a Sepa		each peric	odical listed	I in Part II, fill in	0.
columns 2 through	7 on a line-by-line ba	ısis.)						
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) MIDDLE EAST								
(2) JOURNAL	8,45	0. 5	,489.	2,961	. 248	,213.	355,338.	2,961.
(3)			-	,			·	
(4)								
Totals from Part I		0.	0.					0.
	Enter here and c page 1, Part I, line 11, col. (A)	page	ere and on 1, Part I, I, col. (B).	-				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 8,45	0. 5	,489.					2,961.
Schedule K - Compens	sation of Officer	rs, Direct	ors, an	d Trustees (see	instructio	ns)		
1. N				2. Title		3. Percentime devote busines:	ed to	pensation attributable prelated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
	4)						▶	0.
	,							5 000 T (0040)

223731

Form **990-T** (2012)

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

990

Identifying number

Name(s) shown on return Business or activity to which this form relates FORM 990 PAGE 10 53-0204608 THE MIDDLE EAST INSTITUTE Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 59,299 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property е f 20-year property 25-year property 25 yrs. S/I g 27.5 yrs MM S/L h Residential rental property MM S/L 27.5 yrs. S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 59,299. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

23

Form 4562 (2012)	THE	MIDDLE	EAST II	IST	ITUTE	C				53-0204	608	Page 2
	t y (Include a	utomobiles, cert	ain other veh	cles,	certain co	omputers	s, and prop	oerty used	for er			
amusement.)	vehicle for wi	hich you are usir	na the standa	rd mi	leane rate	or dedu	ctina lease	evnense	comp	lete only 24a 2	4h colu	ımns (a)
		of Section B, ar				or acaa.	oung rouse	, схропос,	comp	Toto Only 24a, 2	70, 0010	ππο (α)
Section A -	Depreciation	on and Other In	formation (C	autio	n: See th	e instruc	tions for li	mits for pa	sseng	er automobiles.))	
24a Do you have evidence to s	support the bu	siness/investment	use claimed?		Yes	No	24b If "Y	es," is the	evider	nce written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basi	s	Basis for de (business/ii use d	epreciation nvestment	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	sect	(i) ected ion 179 cost
25 Special depreciation allo	wance for q	ualified listed pr	operty placed	d in s	ervice dur	ing the ta	ax year an	d				
used more than 50% in	a qualified b	usiness use							25			
26 Property used more tha	n 50% in a c	ualified busines	s use:					_				
	: :	%										
	: :	%										
	: :	%										
27 Property used 50% or le	ess in a quali	fied business us	se:									
	: :	%						S/L -				
	: :	%						S/L -				
	: :	%						S/L -				
28 Add amounts in column	(h), lines 25	through 27. Ent	er here and o	n line	21, page	1			28			
29 Add amounts in column	(i), line 26. E	nter here and o	n line 7, page	1						29		
		Sec	ction B - Info	rmat	ion on Us	se of Ver	nicles			•		
Complete this section for ve If you provided vehicles to y those vehicles.											section	for
			(2)	1	(b)		(0)	(4)		(0)	Ι .	(f)

30	Total business/investment miles driven during the year (do not include commuting miles)	Veh		(k Veh	o) iicle	Veh	c) nicle	Veh	d) iicle	(€ Veh	e) nicle	Veh	•
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32				_		-				-		
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your					
	employees?				
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your				
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners				
39	Do you treat all use of vehicles by employees as personal use?				
40	Do you provide more than five vehicles to your employees, obtain information from your employees about				
	the use of the vehicles, and retain the information received?				
41	Do you meet the requirements concerning qualified automobile demonstration use?				
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.				
P	art VI Amortization				

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
2 Amortization of costs that begins during your	2012 tax yea	ır:				
	1 1					
	1 1					
3 Amortization of costs that began before your		43				
4 Total. Add amounts in column (f). See the inst		44				

216252 12-28-12

Form **4562** (2012)

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple					X
	are filing for an Additional (Not Automatic) 3-Month Ex					
Electroni	omplete Part II unless you have already been granted a c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	
	to file Form 990-T), or an additional (not automatic) 3-mo					
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers ,	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this	form,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nee	eded).		
	ation required to file Form 990-T and requesting an autor					
Part I only					•	
All other o	corporations (including 1120-C filers), partnerships, REMorme tax returns.					
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (EIN) or
File by the	THE MIDDLE EAST INSTITUTE				53-02046	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1761 N STREET N.W.	ee instruc	tions.	Social se	curity number (SSN	7)
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036-2882	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
Is For	on	Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720			09
Form 990	,	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
1 01111 000	THE MIDDLE EAST					<u> </u>
• The bo	ooks are in the care of > 1761 N STREET,			036		
	none No. ► 202-785-1141		FAX No. ▶			
-	organization does not have an office or place of business	s in the Ur				
	s for a Group Return, enter the organization's four digit					check this
box ▶ [. If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation					
		τ organiza	tion return for the organization name	ed above.	rne extension	
_	or the organization's return for: X calendar year 2012 or					
►L	tax year beginning	, an	d ending		<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	☐ Change in accounting period					
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		Φ.	0.
	refundable credits. See instructions.	onto:: -:::	rafi indable avadite and	3a	\$	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	•		OL.	<u></u>	0.
	mated tax payments made. Include any prior year overp			3b	\$	
	ance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).	•	• • •	3c	\$	0.
	If you are going to make an electronic fund withdrawal v			orm 8879-	EO for payment ins	tructions.
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (F	ev. 1-2013)

223841 01-21-13

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box				
•	are filing for an Additional (Not Automatic) 3-Month Ex	-					
Do not d	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electro	nic filing _(e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	me to file (6	6 months for a co	rporatior	า
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension	on
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With C	Certain	
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	s form,	
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	•. Only s	submit original (no copies ne	eded).			
A corpor	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I on	ly]	\mathbf{x}	
All other	corporations (including 1120-C filers), partnerships, REM			st an exten	sion of time		
to file in	come tax returns.						
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nur	mber (Ell	N) or
print						-	
	THE MIDDLE EAST INSTITUTE				53-02046	808	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1761 N STREET N.W.	ee instruc	tions.	Social se	curity number (SS	SN)	
return. See instructions		oreign add	Iress, see instructions.				
	WASHINGTON, DC 20036-2882		·				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0	7
Applica	tion	Return	Application			Ret	urn
Is For		Code	Is For			Co	de
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	7
Form 99	0-BL	02	Form 1041-A			08	8
Form 47	20 (individual)	03	Form 4720			09	9
Form 99	0-PF	04	Form 5227			10	0
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			1	1
Form 99	0-T (trust other than above)	06	Form 8870			12	 2
	THE MIDDLE EAS'	r ins'	TITUTE				
• The b	books are in the care of > 1761 N STREET,	NM -	WASHINGTON, DC 20	036			
Telep	hone No. ► 202-785 -1141		FAX No. ▶				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			ightharpoons	
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole group	, check t	this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension	is for.	
1 In	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	NOVEMBER 15, 2013 , to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension		
is	for the organization's return for:						
>	X calendar year 2012 or						
>	tax year beginning	, an	d ending				
2 If t	the tax year entered in line 1 is for less than 12 months, o	heck reas	on:	Final retur	n		
L	Change in accounting period						
3a If 1	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 <u>a</u>	nter the tentative tax less any				
	nrefundable credits. See instructions.	o, 0000, c	and to tollative tax, 1633 arry	За	\$		0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	Ψ		<u> </u>
				3b	ا و		0.
	timated tax payments made. Include any prior year overp			30	\$		<u> </u>
	alance due. Subtract line 3b from line 3a. Include your par using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$		0.
	. If you are going to make an electronic fund withdrawal				•	structio	
	For Privacy Act and Paperwork Reduction Act Notice			- 2. 3	Form 8868 (

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