Department of the Treasury Internal Revenue Service

#### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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



A	For the	2023 calendar year, or tax year beginning and	enaing	_	
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres:	THE MIDDLE EAST INSTITUTE			
	Name change	Doing business as		53-02046	08
	Initial return Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
	return/ termin-	1761-1763 N STREET NW		202-785-	
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,892,599.
	return Applica	WASHINGTON, DC 20050		H(a) Is this a group re	
	l tiò'n pendin∢	F Name and address of principal officer: FAUL SALEM		for subordinates	
<u> </u>	Tax ava	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	or 527	H(b) Are all subordinates in	
				<b>H(c)</b> Group exemption	list. See instructions
		prganization: X Corporation Trust Association Other	I Vear		State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities: $\frac{TO}{T}$	NCREAS	E KNOWLEDGE	OF THE
nce	1	AIDDLE EAST AMONG CITIZENS OF THE UNITED	STATE	S AND TO PR	OMOTE A
rna		Check this box if the organization discontinued its operations or disposed			
ove	3 1			3	37
ۍ ح	4	lumber of independent voting members of the governing body (Part VI, line 1b)			36
es 2		otal number of individuals employed in calendar year 2023 (Part V, line 2a)			36
viti	<b>6</b> T	otal number of volunteers (estimate if necessary)		6	48
Acti		otal unrelated business revenue from Part VIII, column (C), line 12			2,500.
_	b	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne	8 (	Contributions and grants (Part VIII, line 1h)		5,056,004.	5,507,714.
/en	<b>9</b> F	Program service revenue (Part VIII, line 2g)		467,674.	347,998.
Xpenses     Revenue     Activities & Governance     M       1     1     1     1       1     1     1     6     8       1     1     1     6     8	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,992,768. 20,849.	<u>926,079.</u> -114,665.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,537,295.	6,667,126
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,551,295.	0,007,120.
		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.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		4,256,189.	4,572,278.
Ise:	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		142,167.	55,000.
per	БТ	Total fundraising expenses (Part IX, column (D), line 25) 869, 8	68.	/	
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,171,875.	3,761,949.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,570,231.	8,389,227.
		Revenue less expenses. Subtract line 18 from line 12		-32,936.	-1,722,101.
or Ces	3		Be	ginning of Current Year	End of Year
Net Assets ( Fund Balanc	20 T	otal assets (Part X, line 16)		32,481,084.	33,393,990.
t As	21 T	otal liabilities (Part X, line 26)		4,740,046.	5,725,970.
		let assets or fund balances. Subtract line 21 from line 20		27,741,038.	27,668,020.
D	ort 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.

Sign	Signature of officer	Date					
Here	BAINDU CONTE-HARVEY, VP OF FINANCE						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature 🖉 🖉 Date	Check PTIN					
Paid	TINA PEACHER Una George 11/15/2	024 self-employed P01608826					
Preparer	Firm's name JM&M	Firm's EIN 52-1853933					
Use Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770						
	COLUMBIA, MD 21044	Phone no. $410 - 884 - 0220$					
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO INCREASE KNOWLEDGE OF THE MIDDLE EAST AMONG CITIZENS OF THE UNITED
	STATES AND TO PROMOTE A BETTER UNDERSTANDING BETWEEN THE PEOPLE OF
	THESE TWO AREAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	с, , , , , , , , , , , , , , , , , , ,
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
+	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,325,980 · including grants of \$ ) (Revenue \$
	CENTER FOR POLICY STUDIES: MEI EXPERTS RESEARCH AND EXPLORE FOREIGN
	POLICY ISSUES RELATED TO THE CHALLENGES AND OPPORTUNITIES IN THE MIDDI
	EAST. THEY PUBLISH AND COMMUNICATE THEIR FINDINGS THROUGH MEI'S
	COMMUNICATION CHANNELS AND THE NATIONAL AND INTERNATIONAL MEDIA. THEY
	REGULARLY BRIEF POLICYMAKERS, US AND FOREIGN DIPLOMATS, AND THE
	INTERNATIONAL BUSINESS COMMUNITY ON ISSUES IMPACTING THE MIDDLE EAST, AND HAVE ADVISED THE HIGHEST LEVELS OF GOVERNMENT INCLUDING CABINET
	SECRETARIES AND THE WHITE HOUSE. MEI'S POLICY PROGRAM HAS GROWN ALONG
	WITH ITS OVERALL FORWARD TRAJECTORY. IN RECENT YEARS, MEI HAS ADDED
	TRACK II DIPLOMACY, COUNTER TERRORISM, AND OTHER SPECIAL FOCUS AREAS
	THAT MONITOR ONGOING DEVELOPMENTS IN CRITICAL AREAS. MEI'S TELEVISION
	STUDIO ENABLES SCHOLARS TO JOIN BROADCAST PROGRAMS FASTER AND MORE
4b	(Code:) (Expenses \$705,821. including grants of \$) (Revenue \$)
	CENTER FOR ARTS AND CULTURE: SINCE ITS INCEPTION IN 2014, MEI'S ARTS
	AND CULTURE PROGRAM IN WASHINGTON, D.C. HAS BECOME A DESTINATION FOR
	AUDIENCES INTERESTED IN THE MIDDLE EAST'S DYNAMIC ARTS SCENE. MEI
	PROMOTES THE WORK OF ARTISTS, WRITERS AND FILMMAKERS FROM THE REGION, CONNECTING DC AUDIENCES WITH THE MIDDLE EAST'S VIBRANT ARTS AND CULTUR
	SECTOR.
	(Code: ) (Expenses \$ 656,512. including grants of \$ ) (Revenue \$ 238,404
4c	
4C	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES
4C	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND
4c	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC,
4C	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES
4c	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL EXPERIENCE TO THOSE SEEKING 2
4c	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL EXPERIENCE TO THOSE SEEKING A GREATER UNDERSTANDING OF THE MIDDLE EAST.
4 <b>c</b>	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL EXPERIENCE TO THOSE SEEKING A GREATER UNDERSTANDING OF THE MIDDLE EAST. MEI'S LEADERSHIP DEVELOPMENT PROGRAM PROVIDES HANDS-ON TRAINING AND
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4d	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL EXPERIENCE TO THOSE SEEKING A GREATER UNDERSTANDING OF THE MIDDLE EAST. MEI'S LEADERSHIP DEVELOPMENT PROGRAM PROVIDES HANDS-ON TRAINING AND PROFESSIONAL DEVELOPMENT SEMINARS TO TOP UNIVERSITY STUDENTS AND RECEN GRADUATES WHO WORK ALONGSIDE MEI'S STAFF AND SCHOLARS ON RESEARCH PROJECTS, PUBLIC PROGRAMS, DEVELOPMENT INITIATIVES, AND EVENTS.
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4d 4e	CENTER FOR EDUCATION: MEI PROVIDES ACADEMIC AND PROFESSIONAL SERVICES TO CURRENT AND FUTURE GENERATIONS OF MIDDLE EAST ANALYSTS AND ENTHUSIASTS. MEI'S LANGUAGE PROGRAM PROVIDES INSTRUCTION IN ARABIC, TURKISH, HEBREW, FARSI, AND OTHER LANGUAGES, AND ITS REGIONAL STUDIES PROGRAM PROVIDES AN IN-DEPTH EDUCATIONAL EXPERIENCE TO THOSE SEEKING A GREATER UNDERSTANDING OF THE MIDDLE EAST. MEI'S LEADERSHIP DEVELOPMENT PROGRAM PROVIDES HANDS-ON TRAINING AND PROFESSIONAL DEVELOPMENT SEMINARS TO TOP UNIVERSITY STUDENTS AND RECEN GRADUATES WHO WORK ALONGSIDE MEI'S STAFF AND SCHOLARS ON RESEARCH PROJECTS, PUBLIC PROGRAMS, DEVELOPMENT INITIATIVES, AND EVENTS.

 Form 990 (2023)
 THE
 MIDDLE
 EAST
 INSTITUTE

 Part III
 Statement of Program
 Service
 Accomplishments

53-	0204608	Page <b>2</b>

Form	990	(2023)

Part IV Checklist of Required Schedules

THE MIDDLE EAST INSTITUTE

1         Is the organization described in section SU(2g) or 4947(2V) (pither thma a private foundation?         I         X           2         Is the organization requiped to complete Schedule <i>B</i> , Schedule <i>G</i> Contributors? See instructions         2         X           3         X         X         2         Section SO(16)         2         X           4         Section SO(16)         Schedule <i>C</i> , Part <i>I</i> 3         X           5         Station and there to matter bolishing activities, on have a section SO(16) election in effect during the taxy part <i>II</i> /res, 'complete Schedule <i>C</i> , Part <i>II</i> 4         X           5         Station and there is the organization mattern and other a seament, including assements to which drone have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which drone have the right to provide advice and anomunt in Part X, line 21, for scrone or custodial account liability, serve as a custodian for amounts not listed in Part X, or privide credit counseling, debt management, credit registration asserts?         9         X           10         Did the organization reserve or any social mattern and the organization have the right to the dischard the part of the organization asserts?         9         X           10         Did the organization reserve or any social account liability, serve as a custodian for amounts not listed in Part X, or privide credit counseling, debt management, credit registration services?         9         X				Yes	No
2         Is the organization encycle to complete Schedule G, Schedule G, Part I         3         X           3         Did the organization encycle is Schedule C, Part I         3         X           4         Section S01(b)(3) organizations. Did the organization engage in lobbying activities, or have a section S01(b) election in effect during the tax year // Yres; complete Schedule C, Part I         4         X           5         Is the organization action S01(b)(4). S01(b)(6) organization that receives membership dues, assessment, or similar anautism as defined in Pance Schedul C, Part I         5         X           6         Did the organization martain any done advised funds or any similar funds or accounts? If Yes; complete Schedul C, Part II         6         X           7         Did the organization martain collections of works of an inhorcal treasures, or other similar anautism is subtraction for annouts in subtraction annouts in subtractions of works of an inhorcal treasures, or other similar anautism is subtraction for amounts in subtractions and the part inhorcal treasures, or other similar anautism is subtraction for amounts in subtraction annouts in subtraction and treasures or custodial ancount liability: serve as a custodian for an anouts in subtraction in annouts in subtraction and treasures in an annout in part inhorcal treasures, or other similar anautic and the anautic annouts in subtraction annouts in subtraction and the anautic annouts in subtraction in annouts in subtraction and treasures an custodian serve; complete Schedule D, Part V           9         Did the organization annout in Part X, Ine 21, the corannout in part in anautic annout in part in anautic	1			77	
G         Def the organization rangings in clinest or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Ves," complete Schedule C, Part I         J         X           4         Section SOI(A) organizations. Bid the organization range in lobbying activities, on have a section SOI(N) election in effort during the tax year II "Yes," complete Schedule C, Part II         A         X           5         Is the organization markins and your object SOI(A) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. B9197 If "Yes," complete Schedule D, Part II         6         X           7         Did the organization markins any door advised if makes assessments, the organization markins any door advised if makes assessments, and the assessments and the assessment is active assessments. The organization markins any door advised of at, historical treasures, or other simular assess? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization markins and your download of at, historical treasures, or other simular assess? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization and any of the following questions is 'Yes,' then complete Schedule D, Part IV         10         X           9         Did the organization and/or any of the following questions is 'Yes,' then complete Schedule D, Part V         10         X           10         Did the organization reports an amount for indinupand questions is 'Yes,' then complete Schedule D, Part V	_				
public office // 'Yes, ' complete Schedule C, Part /         Sector SV(16)3 organizations. Dift engination engage in bobying activities, or have a section 501(b) election in effect         S         X           4         Sector SV(16)3 organizations. Dift engination engage in bobying activities, or have a section 501(b) election in effect         A         X           5         In the organization maintain any done advised funds or any similar funds or accounts for which dones have the right to provide advice on the distlution or investment of amounts in auxies. <i>Part VI</i> B         K         X           6         Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic all reas. or historics or surcless? If 'Yes, 'complete Schedule D, Part II         C         X           7         Did the organization method area, or historics or surcless? If 'Yes, 'complete Schedule D, Part II         8         X           8         Did the organization method and area, or historics or surcless? If 'Yes, 'complete Schedule D, Part II         8         X           9         Did the organization method regulation and anount in Part X, line 21, for sicrov or custodial account liability: serve as a custodian for amounts not index particulation services?         7         X           9         Did the organization report an amount for land, buildings, and equipment In Part X, line 10, Part VI.         10         X           11         If the organization report an amount for investments - ofne			2	A	
4         Section 50 1(p(k) organizations. Dd He organization reguge in tobbying uctivities, or have a section 501(h) election in effect during the taxy year? If "Yes," complete Schedule C, Part II         4         X           5         Is the organization a section 501(e)(k), 501(e)(G) or 501(e)(G) organization that reveives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:192 If 'Yes, "complete Schedule C, Part II         6         X           0         Dot the organization method as conservation funding assembles to preserve open space. The environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II         6         X           0         Dot the organization method is conservation funding assembles to preserve open space. The environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II         7         X           0         Dot the organization method is conservation during assembles to preserve open space.         8         X           0         Dot the organization and collection of works of ad, historical researce, or other similar asset? If 'Yes,' complete Schedule D, Part II         8         X           10         Dot the organization server or anoth the method reganization, hold assets in donor restricted endowments or in quasi-endowments II' 'Yes,' complete Schedule D, Part V, inc 101 If 'Yes,' complete Schedule D, Part V, inc 101 If 'Yes,' complete Schedule D, Part V, inc 101 If 'Yes,' complete Schedule D, Part V, inc 101 If 'Yes,' complete Schedule D, Part X, inc 12, that is 5% or more of its total assets reported in Part X, line 101 If 'Yes,' complete	3				v
during the tax year/# Yrse," complete Schedule C, Pert II.     4     X       6     Is the organization a section Schedule C, Pert III.     5       7     Old the organization maintain any don-radived funds or any similar funds or accounts for which donors have the right to provide advice on the distinution or investment of amounts in ause in hands or accounts for which donors have the right to provide advice on the distinution or investment of amounts in ause in hands or accounts for which donors have the right to provide advice on the distinution or investment of amounts in ause in accounts in automatin accounts for which donors have the right to provide advice on the distinution or investment of amounts in ause, or onable Schedule D, Pert II.     8       8     Did the organization report an amount in Part X, line 21, for server or custodial account liability: serve as a custodian for amounts no listed in Part X, or provide ardial consulting, debt management, credit repair, or debt negotiation services?     9       9     Did the organization identity of through a related organization, hold assets in donorrestricted endowments or in quasi-schedule D, Part IV.     10     X       10     Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII     10     X       11     If the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII     10     X       12     Did the organization report an amount for investments -			3		_ <u> </u>
5         Is the organization asset on 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 if "Yes," complete Schedule C, Part II         5         X           6         Did the organization maintain any door advised funds or any similar funds or accounts for which doons have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Wris," complete Schedule D, Part II         6         X           7         X         8         X         7         X           8         Did the organization receive hold a conservation conducting easements to preserve open space. the environment, historic and areas, or historic al treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization resort on amount in Part X, line 21, for service or outofold account liability serve as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         8         X           10         Did the organization report an amount for levels for due to previous questions is "yes," then complete Schedule D, Part VI.         10         X           11         If 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 13, that is 5% or more of its total assets reported in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17 if "Yes," complete Schedule D, Part X         116<	4				v
similar amounts as defined in Rev. Proc. 98:197 // "Ves," complete Schedule D, Part II.       5       X         6       Det the organization maintain any doors advised funds or any sounds 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 II.       6       X         7       Did the organization maintain collections of works of art, historical reseawes, or other similar assets? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical reseawes, or other similar assets? If "Yes," complete Schedule D, Part II.       7       X         9       Did the organization maintain collections of works of art, historical reseawes, or other similar assets? If "Yes," complete Schedule D, Part IV.       8       X         9       Did the organization directly or through a related organization, hold assets in donor restricted endowments or in quasi-indownents? If "Yes," complete Schedule D, Part V       10       X         10       Did the organization report an amount for law buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII       11       X         11       Did the organization report an amount for investments - ordpate Schedule D, Part VIII       11       X         12       Did the organization report an amount for investments - ordpate Schedule D, Part VIII       11       X<	5				- 23
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise on the distribution or investment to resonance accounts for Which donors have the right to provide advise on the distribution acceleration to load conservation easement. Including assements for press or complete Schedule D, Part II       I         7       X         8       Did the organization resonance of hold a conservation easement, including assements for Wrss, ' complete Schedule D, Part II       I         9       Did the organization report an amount in Part X. Ine 21, for sercow or outsolid account liability serves as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       I         9       X       10       X       10       X         11       If the organization report an amount for line stated organization, hold assets in donor-restricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for line line buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11a       X         11       If the organization report an amount for investments - order sastest in donor rest is tat assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11a       X         116       Ut the organization re	5		5		x
provide advice on the distribution or investment of announts in such funds or accounts // Yes," complete Schedule D, Part //       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // Yes," complete Schedule D, Part //       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes," complete Schedule D, Part //       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or cutodial account liability, serve as a cutodian for amounts not listed in Part X, vo provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, firstify or through a related organization, hold assets in donor-restricted endowments?       10       X         11       If the organization report an amount for leady, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - order negative schedule D, Part X       11a       X         13       Did the organization report an amount for investments - order schedule D, Pa	6				
7       Did the organization receive or hold a conservation essement, including essements to preserve open space. the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? II "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12, this is 5% or more of lis total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII       116       X         12       Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of lis total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII       116       X         13       Did the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of lis total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII       116       X         14       Did the organization report an	-		6		x
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       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 10, Part VI       10       X         10       Did the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part SV.       10       X         11       Ho 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 167. If 'Yes,' complete Schedule D, Part VII       11a       X         12       Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       11a       X         13       Did the organization report an amount for investments - organ related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       114       X      <	7	•			
Schedule D, Part III.       8       X         9       Did the organization proof an amount in Part X, line 21, for eacrow 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?       9       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         as applicable.       0       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11       X         10       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 V       11a       X         11       Did the organization report an amount for investments - other securities 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 X       11e       X         11       Did the organization report an amount for investments - other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If Wes," complete Schedule D, Part X       11e       X         11       Did the organization included in anonotin cort where assets in Part X, line 25, tha			7		X
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       X         13       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 VII       11a       X         14       Did the organization report an amount for other abalities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11d       X         14       Did the organization report an amount for other abalities in Part X, line 25? If "Yes," complete Schedule D, Part XI       11d       X         15       Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI       11d       X         14 <td>8</td> <td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete</td> <td></td> <td></td> <td></td>	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       12     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 VI     11a     X       13     Did the organization report an amount for investments - other assets 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 VI     11d     X       14     Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X     11e     X       11     Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11e     X       11     Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11d     X       12     Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11t     X <td>9</td> <td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for</td> <td></td> <td></td> <td></td>	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following quastions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, or X, as applicable.       11       X       11         2       Did the organization's answer to any of the following quastions is "Yes," then complete Schedule D, Parts VI, Part VI       111       X       111       X         2       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 167 // "Yes," complete Schedule D, Part VII       111       X         2       Did the organization report an amount for investments - orgamar related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII       111       X         4       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X       111       X         12       Did the organization is separate, independent audited financial statements for the tax year?       111       X         13       Is the organization asparate or consolidated, independent audited financial statements for the tax year?       122       X         14       Did the organization aspearate,		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quasiendowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VI, VII, VII, VII,		If "Yes," complete Schedule D, Part IV	9		X
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	10				
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e) Did the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X       11e       X         f) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in section 170(b)(1)(4)(9) If "Yes," complete Schedule D, Part X       12a       X         13a       Is the organization neation answered "No" to line 12a, then completing Schedule D, Part X       11d       X         14a       Did the organization neation answered "No" to line 12a, then completing Schedule D, Part X       12a			10	X	
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Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       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 VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization is bilty for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization maintain an office, employees, or agents outside of the United States?       14a       X         13       Is the organization nave appreciate 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      <					
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - orgaram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       X       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         13a       Is the organization aschool described is outside the United States; or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part II and IV       14a       X         14b       X       11d       X       11d       X         14b       Did the organization maintain an office, employees, o	а		44-	v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c 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 VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         111       X       11t       X       11t       X         112       X       11t       X       11t       X         113       It he organization is separate, independent audited financial statements for the tax year?       11t       X       11t       X         114       X       11t       X       11t       X       11t       X         114       X       11t       X       11t       X       11t       X         115       Did the organization separate, independent audited financial statements for the tax year?       11t       X       11t       X         120       Was the organization maintain an office, employees, or agents outside of the United States?       12t <t< td=""><td>h</td><td></td><td>па</td><td>- 23</td><td></td></t<>	h		па	- 23	
c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization othain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization asknewed "No' to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         14a       Did the organization asknewed "No' to line 12a, then completing Schedule D, Part X and XII is optional       11d       X         14b       Did the organization nawered "No' to line 12a, then completing Schedule D, Part X       11d       X         14a       Did the organization nawered "No' to line 12a, then completing Schedule D, Part X       11d       X <t< td=""><td>D</td><td>-</td><td>11h</td><td></td><td>x</td></t<>	D	-	11h		x
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d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization betain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       11d       X         12a       Did the organization nobtain separate, 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       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule E       13d       X         14a       Did the organization and described in section 170(b)(1)(4)(ii)? If "Yes," complete Schedule E       13d       X         14a       Did the organization navianian an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assi	•		11c		x
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization sitability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization sitability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization batin separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         13       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," com	d				
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neore on 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 aggregate grants or other assistance to or for any foreign ingituiduals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12, 000 total of fundraising event gross income and contributions on Part VIII, lines 12,000 of grasts incom		Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign investments and 11e? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II. See instructions       17       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         1	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of grant I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1a of al 11e? If "Yes,"	f				
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization answerd "No" to line 12a, then completing Schedule E       13       X         14a       Did the organization answerd "No" to line 12a, then complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       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 II and IV       16       X         17       Did the organization report more than \$15,000 of gross income			11f		X
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report on than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$15,000 of grants or other assistance to any contributi	12a				37
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 ot expenses for professional fundraising services on Part VII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X </td <td></td> <td></td> <td>12a</td> <td></td> <td>X</td>			12a		X
13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospi	b	· · · · · ·	1.01		v
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$15	10				
b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization report more than \$15,000 of grants or other assis					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <t< td=""><td></td><td></td><td>14a</td><td></td><td>- 23</td></t<>			14a		- 23
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 and \$2, 000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X	5				
15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X			14b		x
foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       XX         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X	15				
16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         16       X         20a       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			15		X
17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization neport more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17	X	
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	18			37	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	40		18		
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	00-				
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
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Form	990	(2023)

	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		2
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		л Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> Schedule N, Part II	32		X
	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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		2.
	Part V, line 1	34		X
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
	If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 61			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?	1 1 C	• •	

-	990 (2023) THE MIDDLE EAST INSTITUTE		53-0204	608	P	age <b>5</b>
Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		I	1		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20			
	filed for the calendar year ending with or within the year covered by this return	2a	36		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ms?		2b	X	L
3a				3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		-	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices i	provided to the pavor?	7a	Х	
				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
Ŭ	to file Form 8282?		•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		1 ~t?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fe		300 as required?	7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization metric of the organization metric structure of the organiz			79 7h		
h o				70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			~		
0				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	مدا	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				_
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratior	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L
	If "Yes," complete Form 6069.					
33200	5 12-21-23			Form	990	(2023)

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Form 990 (2023	Form	990	(2023
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#### THE MIDDLE EAST INSTITUTE

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

					Σ
Sec	tion A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b 3	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's as				2
6	Did the organization have members or stockholders?		6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)		_	_
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		2
	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a		2
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		2
	Other officers or key employees of the organization				2
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100		f
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
.00	taxable entity during the year?		16a		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu				
			16b		
Sec.	exempt status with respect to such arrangements?				
17	List the states with which a copy of this Form 990 is required to be filed DC		0)	)	-  -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 501(c)(	S)S Only	) avai	abi
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	and final	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records			
	BAINDU CONTE-HARVEY - 202-785-1141				
	1761-1763 N STREET NW, WASHINGTON, DC 20036		-	000	10-
32006	6 12-21-23		Form	1 <b>990</b>	(20)
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	uau	recic	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	Institutional trustee	<u>ب</u>	Key employee	ist col	ы	10001120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) PAUL ERNEST SALEM	40.00									
PRESIDENT AND CEO		Х		Х				296,117.	0.	50,631.
(2) COURTNEY LOBEL	40.00									
CHIEF DEVELOPMENT OFFICER				Х				239,080.	0.	8,711.
(3) KATE SEELYE	40.00									
SENIOR VICE PRESIDENT				Х				228,000.	0.	13,291.
(4) BILAL SAAB	40.00									
PROGRAM DIRECTOR						Х		189,203.	0.	16,972.
(5) BRIAN KATULIS	40.00									
VICE PRESIDENT, POLICY CENTER						Х		196,650.	0.	6,018.
(6) MIRETTE F. MABROUK	40.00									
PROGRAM DIRECTOR						Х		158,830.	0.	22,435.
(7) CHARLES LISTER	40.00									
SENIOR FELLOW/PROGRAM DIRECTOR						Х		142,785.	0.	30,889.
(8) GONUL TOL	40.00									
SENIOR FELLOW/PROGRAM DIRECTOR						Х		144,808.	0.	9,525.
(9) BAINDU CONTE-HARVEY	40.00									
VP OF FINANCE				Х				102,820.	0.	12,166.
(10) THOMAS HALVORSEN	40.00							67 044		
SECRETARY				Х				67,344.	0.	3,672.
(11) TAMARA KALANDIYA	40.00							26.042	•	
CF0/C00				Х				36,943.	0.	9,746.
(12) JOHN ABIZAID	3.00								0	0
CHAIRMAN	1 0 0	X		X				0.	0.	0.
(13) MARJORIE ADAMS	1.00			37					0	0
VICE-CHAIRMAN	1 00	X		Х				0.	0.	0.
(14) BRIAN HENDERSON	1.00			v					0	0
VICE-CHAIRMAN	1.00	X		Х				0.	0.	0.
(15) ROBERT JORDAN	1.00	x		v				0.	0.	0
VICE-CHAIRMAN	1 00	<u>^</u>		Х				0.	0.	0.
(16) HUDA ALKHAMIS-KANOO	1.00	v							0	0
DIRECTOR	1 00	X	$\left  - \right $					0.	0.	0.
(17) PATRICK BARRY	1.00	x						0.	0.	0
DIRECTOR								0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average		not c	heck		e than		Reportable	Reportable		Estima	
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	'	amoun	
	week (list any				1		,	from the	from related		othe	
	hours for	directo				~		organization	organizations (W-2/1099-MIS)		compens from t	
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	truste	al tru:		yee	Inder		1099-NEC)	,		and rela	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				organiza	tions
	line)	Indiv	Insti	Officer	Key (	High emp	Former					
(18) THOMAS CAMPBELL	1.00											
DIRECTOR		х						0.		0.		0.
(19) GAIL DADY	1.00											•
DIRECTOR	1 00	X			_			0.		0.		0.
(20) PAULA DOBRIANSKY	1.00							0				0
DIRECTOR	1 00	X			<u> </u>			0.		0.		0.
(21) ROBERT FARDI	1.00	x						0.		0.		Δ
DIRECTOR (22) NIJAD FARES	1.00				-			0.		<u> </u>		0.
(22) NIJAD FARES DIRECTOR	1.00	x						0.		0.		0.
(23) SAMIA FAROUKI	1.00				-			0.				0.
DIRECTOR	1.00	x						0.		0.		0.
(24) JEFFREY FELTMAN	1.00											
DIRECTOR		x						0.		0.		0.
(25) FADI GHANDOUR	1.00											
DIRECTOR		x						0.		0.		0.
(26) GEORGE HOGUET	1.00											
DIRECTOR		X						0.		0.		0.
1b Subtotal								1,802,580.		0.	184,	056.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								1,802,580.		0.	184,	056.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	;		
compensation from the organization												14
										-	Yes	s No
<b>3</b> Did the organization list any <b>former</b> officer,	-		key e	emp	loye	e, or	' hig	phest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										🛓	3	X
4 For any individual listed on line 1a, is the su									the organization			
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services			v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .					5	X
Section B. Independent Contractors									<b>*</b>			
1 Complete this table for your five highest co										bensa	ition from	
the organization. Report compensation for t	the calendar y	ear	enai	ng v	with	or w		(B)	/ear.		(C)	
م) Name and business	address							Description of s	ervices	Cc	ompensati	on
FIRAS MAKSAD DBA NEW POL	CY ADV	ISC	DRS	3,	II	NC .	,	•				
1937 N EMERSON ST, ARLING				-				CONSULTING			219,	900.
2 Total number of independent contractors (in	-	iot lii	mite	d to	tho	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the organiz		חדי	<u></u>	<u> </u>	T						- 000	1955
SEE PART VII, SECTION	N A CON'.	ιτt	NUF	11.	τOI	IN S	ьн.	0019		F	<sup>-</sup> orm <b>990</b>	(2023)
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Form 990 THE MIDD		53-0204608										
Part VII Section A. Officers, Directors, Trustees, Key Employees							est	t Compensated Employees (continued)				
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	Position						Reportable	Reportable	Estimated		
	hours	(c	heck				ly)	compensation	compensation	amount of		
	per	<u>`</u>					<u> </u>	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				mplo		organization	(W-2/1099-MISC)	from the		
	hours for	or dir	e			ated e		(W-2/1099-MISC)		organization		
	related	stee	truste		a	pens				and related		
	organizations	al tru	onal 1		oloye	com				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	ŭ	Î	Đ	Ke	Ξ	ß					
(27) JAMES HOLMAN	1.00									-		
DIRECTOR		X						0.	0.	0.		
(28) KARL HOPKINS	1.00											
DIRECTOR		Х						0.	0.	0.		
(29) LOUIS HUGHES	1.00											
DIRECTOR		X						0.	0.	0.		
(30) HUNTER HUNT	1.00											
DIRECTOR		x						0.	0.	0.		
(31) ROBERT KAPLA	1.00											
DIRECTOR		x						0.	0.	0.		
(32) ANNE KEISER	1.00								• •			
DIRECTOR		x						0.	0.	0.		
(33) DEBORAH LEHR	1.00								0.	••		
DIRECTOR	1.00	x						ο.	0.	0.		
(34) MICHAEL LEVY	1.00	<u>^</u>						0.	0.	0.		
	1.00	v						0	٥	0		
DIRECTOR	1 0 0	X						0.	0.	0.		
(35) WALEED AL MUHAIRI	1.00								<u> </u>	•		
DIRECTOR		Х						0.	0.	0.		
(36) JOHN PEARSON	1.00									-		
DIRECTOR		Х						0.	0.	0.		
(37) JAMES QUIGLEY	1.00											
DIRECTOR		X						0.	0.	0.		
(38) GEORGE SALEM	1.00											
DIRECTOR		X						0.	0.	0.		
(39) MAGNUS SCHOLDTZ	1.00											
DIRECTOR		x						0.	0.	0.		
(40) TONI VERSTANDIG	1.00											
DIRECTOR		x						0.	0.	0.		
(41) DAVID WELCH	1.00											
DIRECTOR		x						0.	0.	0.		
(42) ROCHDI YOUNSI	1.00								0.	0.		
	1.00	x						0	0.	0		
DIRECTOR	1 00	<u>^</u>						0.	0.	0.		
(43) SUSAN ZIADEH	1.00								0	0		
DIRECTOR UNTIL 04/2023	1	X						0.	0.	0.		
(44) JOHN K. HURLEY	1.00								-	_		
DIRECTOR AS OF 10/2023		Х						0.	0.	0.		
(45) KEVIN TAWEEL	1.00	l										
DIRECTOR AS OF 10/2023		Х						0.	0.	0.		
(46) NADA HAMADEH	1.00											
DIRECTOR AS OF 10/2023		X			L			0.	0.	0.		
Total to Part VII, Section A, line 1c												

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Form 990 THE MIDDLE EAST INSTITUTE 53-0204608										
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	(check all tha				ly)	compensation	compensation	amount of
	per					<u> </u>		from	from related	other
	week	L_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		,ee	npen				organizations
	below	dual t	utiona		nploy	st col	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOE GEAGEA	1.00									
DIRECTOR AS OF 10/2023		х						0.	0.	0.
(48) JOUMANA R. AL RASHID	1.00									
DIRECTOR AS OF 10/2023	1.00	x						0.	0.	0.
		- 11						0.		0.
				—						
					1					
		L			<u> </u>		L			
Total to Part VII, Section A, line 1c										

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			Check if Schedule O	contains a re	sponse	or note to any lir	ne in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns	1	a					
Contributions, Gifts, Grants and Other Similar Amounts		b		·····	b					
¥ي کړ		с	Fundraising events	·····	с	522,505.				
ar ,			<b>B</b> I I I I I I I I I I I I I I I I I I I		d					
s, C			Government grants (contr		е					
r Si			All other contributions, gifts,							
the			similar amounts not included	above 1	f 4,	985,209.				
i o r		a	Noncash contributions included in		g \$	15,545.				
a S		h	Total. Add lines 1a-1f		•		5,507,714.			
						Business Code				
e	2	а	CENTER FOR ED	UCATIO	N	611600	238,404.			
و يَز		b	MIDDLE EAST J	OURNAL	AN	541800	67,906.	65,406.	2,500.	
Program Service Revenue		с	MEMBERSHIP DU	JES		900099	39,870.	39,870.		
eve		d	PROGRAMS BOOK	SALES		900099	1,818.	1,818.		
ро БС		е								
ሻ		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				347,998.			
	3		Investment income (includ							
			other similar amounts)	-			571,471.			571,471.
	4		Income from investment of	of tax-exemp	t bond p	proceeds				
	5		Royalties							
					Real	(ii) Personal				
	6	а	Gross rents	6a 49,	372.					
		b	Less: rental expenses	6b	0.					
			Rental income or (loss)	<sub>6c</sub> 49,	372.					
		d	Net rental income or (loss	)		•	49,372.			49,372.
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a 354,	608.					
		b	Less: cost or other basis							
en			and sales expenses	7b	0.					
Other Revenue		с	Gain or (loss)	7c 354,	608.					
Re		d	Net gain or (loss)				354,608.			354,608.
her	8	а	Gross income from fundraisi	ng events (not	t 🗌					
đ			including \$ 522	,505. d	of					
			contributions reported on							
			Part IV, line 18			50,000.				
		b	Less: direct expenses			225,473.				
		с	Net income or (loss) from	fundraising e	events		-175,473.			-175,473.
	9	а	Gross income from gamin	g activities.	See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming activ	vities <u>.</u>					
	10	а	Gross sales of inventory, I	less returns						
			and allowances							
		b	Less: cost of goods sold		10b					
		с	Net income or (loss) from	sales of inve	ntory					
s						Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	SALES		900099	11,436.			11,436.
enu		b								
evel se		С								
Mis		d	All other revenue							
		е	Total. Add lines 11a-11d				11,436.			
	12		Total revenue. See instruction	ons			6,667,126.	345,498.	2,500.	
33200	9 12	2-21-	-23							Form <b>990</b> (2023

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Form 990 (2023) THE MID: Part VIII Statement of Revenue

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Part IX Statement of Functional Expenses

THE MIDDLE EAST INSTITUTE

	Check if Schedule O contains a respons		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
0	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	1,068,522.	838,113.	129,379.	101,030
6	Compensation not included above to disqualified		,		•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,896,069.	2,171,427.	406,897.	317,745
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	143,984.	109,192.	19,536.	15,256
9	Other employee benefits	179,060.	132,853.	25,946.	20,261
10	Payroll taxes	284,643.	215,863.	38,621.	30,159
11	Fees for services (nonemployees):				
а	Management				
b	Legal	90,485.	68,621.	12,277.	9,587 7,491
С	Accounting	70,696.	53,613.	9,592.	7,491
d	Lobbying				
е		55,000.			55,000
f	Investment management fees	42,599.		42,599.	
g		1 5 6 0 0 1 6	1 100 000	011 000	165 201
	column (A), amount, list line 11g expenses on Sch O.)	1,560,316.	1,183,288.	211,707.	<u>165,321</u> 3,728
12	Advertising and promotion	35,186.	26,684.	4,774.	3,728
13	Office expenses	365,108.	231,150.	101,663.	32,295
14	Information technology	51,823.	39,301.	7,031.	5,491
15	Royalties	100 047	150 242		21 0.05
16		198,247. 278,164.	150,343. 210,949.	26,899. 37,742.	<u>21,005</u> 29,473
17		2/0,104.	210,949.	57,742.	29,473
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	288,024.	288,024.		
19 20	Conferences, conventions, and meetings	160,803.	200,024.	160,803.	
20	Interest	100,003.		100,005.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	406,314.	308,133.	55,130.	43,051
22 23	· · · · · · · · · · · · · · · · · · ·	88,376.		88,376.	
23 24	Insurance Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	122,456.	92,866.	16,615.	12,975
b	BAD DEBT EXPENSE	3,352.		3,352.	,,,,,
c		. ,		,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,389,227.	6,120,420.	1,398,939.	869,868
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)				

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#### THE MIDDLE EAST INSTITUTE Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% **(B)** End of year

1

2

3

4

5

**(A)** Beginning of year

956,382.

96,393.

1,485,160.

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1,129,254.

843,924.

88,296.

6	Loans and other receivables from other disquali	fied persons (as defined			
	under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9			75,706.	9	70,285.
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a 17,792,774.			
b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b 4,097,611.	14,056,649.	10c	13,695,163.
11	Investments - publicly traded securities		14,567,207.	11	16,202,182.
12	Investments - other securities. See Part IV, line 1			12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,243,587.	15	1,364,886.
16	Total assets. Add lines 1 through 15 (must equa		32,481,084.	16	33,393,990.
17	Accounts payable and accrued expenses		317,720.	17	503,646.
18	Grants payable			18	
19	Deferred revenue		785,874.	19	544,612.
20				20	
21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
22	Loans and other payables to any current or form	ner officer, director,			
	trustee, key employee, creator or founder, subst	antial contributor, or 35%			
	controlled entity or family member of any of thes	se persons		22	
23	Secured mortgages and notes payable to unrela	ated third parties	3,636,452.	23	4,507,828.
24	Unsecured notes and loans payable to unrelated	d third parties		24	
25	Other liabilities (including federal income tax, pa	yables to related third			
	parties, and other liabilities not included on lines	i 17-24). Complete Part X			
	of Schedule D		0.	25	169,884.
26	Total liabilities. Add lines 17 through 25		4,740,046.	26	5,725,970.
	Organizations that follow FASB ASC 958, che	ck here X			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		22,562,811.	27	21,729,991.
28	Net assets with donor restrictions		5,178,227.	28	5,938,029.
	Organizations that do not follow FASB ASC 9	58, check here			
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or ec	uipment fund		30	
31	Retained earnings, endowment, accumulated in	come, or other funds		31	
32	Total net assets or fund balances		27,741,038.	32	27,668,020.
33	<b>-</b>		32,481,084.	33	33,393,990.

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2023)

	990 (2023) THE MIDDLE EAST INSTITUTE	53-	02046	08	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				26.
2	Total expenses (must equal Part IX, column (A), line 25)	2				27.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,			
5	Net unrealized gains (losses) on investments	5	1,	649	, 0	83.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	27,	668	,0	20.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (	D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		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 on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A
------------

(Form 990)

# 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

OMB No. 1545-0047
2023
Open to Public

	ment of the Treasu I Revenue Service	у	A Go to www.irs.gov/	Open to Public Inspection								
Nam	e of the orgar	ization						Employer	identification number			
				T INSTITUTE					3-0204608			
Par	tl Reas	on for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ns.				
The c	organization is	not a private foun	dation because it is:	(For lines 1 through 12, c	heck only	one box.)						
1	A churc	n, convention of cl	nurches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(i).					
2	A schoo	described in <b>sec</b>	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3	A hospit	al or a cooperative	e hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).					
4 [	A medic city, and		zation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	<b>(iii).</b> Enter	the hospital's name,			
5 [			for the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental	unit describ				
5	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.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
		-	-					the general	public described in			
1	0	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A comm	unity trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agric	ultural research or	ganization described	l in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	unction with a	land-grant	college			
	or unive	sity or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state c	of the colleg	e or			
,	universi	y:										
<b>10</b>	An orga	nization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	ship fees, ar	nd gross receipts from			
	activities	related to its exe	mpt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 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.											
r	See sec	tion 509(a)(2). (Co	omplete Part III.)									
<b>11</b>		-	•	sively to test for public sa	-							
<b>12</b>	-	-		sively for the benefit of, to								
			-	ed in <b>section 509(a)(1)</b> o					heck the box on			
		-		of supporting organizatio				-				
а	└──│ Type	. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving			
	the su	pported organizat	ion(s) the power to re	egularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	upporting			
	organi	zation. <b>You must</b>	complete Part IV, So	ections A and B.								
b	└──│ Type	I. A supporting or	ganization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving			
		-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported			
			st complete Part IV,									
С	└──│ Type	II functionally int	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,			
				s). <b>You must complete l</b>								
d				porting organization oper				•				
				zation generally must sat				id an attent	iveness			
		,	,	nplete Part IV, Sections								
е				written determination fro			а Туре I, Туре	e II, Type III				
				onally integrated support	ing organi:	zation.			r			
		ber of supported	• • • • • • • • • • • • • • • • • • • •									
g	Provide the fo		n about the supporte (ii) EIN	ed organization(s).	(iv) is the ora	inization listed	(v) Amount o	fmonoton	(vi) Amount of other			
	organi			(described on lines 1-10	in your governi	ing document?	support (see i		support (see instructions)			
	e.gan			above (see instructions))	Yes	No						

#### Schedule A (Form 990) 2023

#### THE MIDDLE EAST INSTITUTE

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3108532.	4561226.	4948643.	5056004.	5507714.	23182119.
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	3108532.	4561226.	4948643.	5056004.	5507714.	23182119.
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)						1590662.
6	Public support. Subtract line 5 from line 4.						21591457.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3108532.	4561226.	4948643.	5056004.	5507714.	23182119.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	531,723.	361,380.	482,426.	476,092.	620,843.	2472464.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,901.				11,436.	
11	Total support. Add lines 7 through 10						25670920.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 3	,035,731.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop					<u></u>	<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (		•			14	84.11 %
	Public support percentage from 2022					15	80.44 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	•	VI how the organiz	zation
_	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17b	b, check this box a		
						Schedule A	(Form 990) 2023

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#### THE MIDDLE EAST INSTITUTE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
<b>10</b> a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here				·		
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2023 (	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>023</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the		-				and
	line 18 is not more than 33 1/3%, ch	-					
20	Private foundation. If the organization		-			-	
	23 12-21-23						A (Form 990) 2023
				17			
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#### THE MIDDLE EAST INSTITUTE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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#### Schedule A (Form 990) 2023 THE MIDDLE EAST INSTITUTE

2

No

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	è 🛛		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one so organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an</i>	's officers, (s) supported		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	туре п	Supporting	Organizations	

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

 Section D. All Type III Supporting Organizations
 1

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
   332025 12-21-23

3b | | Schedule A (Form 990) 2023

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2a

2b

3a

Yes

No

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Schedule A	(Form 990)	2023
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## THE MIDDLE EAST INSTITUTE

onizations

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	Ũ		Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Par	t V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

THE MIDDLE EAST INSTITUTE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### REFUNDS & REBATES

2019 AMOUNT: \$ 4,901.

#### MISCELLANEOUS SALES

2023 AMOUNT: \$ 11,436.

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\*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

.,		
De	enartment of the Treasury	

(Earm 000)

Internal Revenue Service

Schedule B

Name of the organization

CHE	MIDDLE	EAST	INSTITUTE	

5	3 –	0	21	04	6	0	8

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE MIDDLE EAST INSTITUTE

53 - 0204608

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,775,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>226,138.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$117,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-26		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	24		

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<sup>17249</sup>\_\_1

Name of organization

Employer identification number

53 - 0204608

#### THE MIDDLE EAST INSTITUTE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>7</u>		\$\$\$	Person X Payroll (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>    8                                </u>		\$ <u>833,455.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26-23		   \$	Schedule B (Form 990) (2023)

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

#### Schedule B (Form 990) (2023)

THE MIDDLE EAST INSTITUTE

Name of organization

Part II

Employer identification number

Page 3

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2023.05000 THE MIDDLE EAST INSTITUTE 17249\_\_1

	B (Form 990) (2023)		Page 4		
Name of o	rganization		Employer identification number		
THE M	IDDLE EAST INSTITUTE		53-0204608		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations		
(a) No.	Use duplicate copies of Part III if additiona	I space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	ft 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		
			<u> </u>		
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
323454 12-26	6-23	 27	Schedule B (Form 990) (2023)		

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**SCHEDULE D** 

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

17249\_\_1

Department of the Treasury Internal Revenue Service Name of the organization

08451120 793927 17249

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

THE MIDDLE EAST INSTITUTE

Employer identification number 53 - 0204608

Par			or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Eup	ds and other accounts
	Total number at and aftern			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the aparts hold in depart advise	ad funda	
5	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
0	for charitable purposes and not for the benefit of the donor of		-	
			0	
Par		nanization answered "Ves" on Form 990 P		
1	Purpose(s) of conservation easements held by the organizati		art iv, into 7	
•	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat		-	•
	Preservation of open space		a certineu nis	
0		fied concernation contribution in the form of	f a concorr	tion accoment on the last
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.			Held at the End of the Tax Year
~			20	
a h	Total number of conservation easements			
b	Total acreage restricted by conservation easements	usture included on line 2e		
ט ה			<u>2</u> c	
d	Number of conservation easements included on line 2c acqu		04	
~	on a historic structure listed in the National Register			during the tax
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization	i during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation eas	ements during the year
7	Amount of overanges insurred in monitoring, inspecting, have	lling of violations, and enforcing concernat	ion occomor	to during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	and entorcing conservat	lon easemen	its during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	)(4)(B)(i)	
Ŭ				Yes No
9	In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or Ot	ther Simil	ar Assets.
-	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance s	sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			pashe
h	If the organization elected, as permitted under FASB ASC 95			t works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items.		crance of pe	
	(i) Revenue included on Form 990, Part VIII, line 1			*
				\$\$
2	If the organization received or held works of art, historical tre		aain provid	♀
£	the following amounts required to be reported under FASB A		gain, proviu	0
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			₽ \$
	For Paperwork Reduction Act Notice, see the Instruction			<u>⊅</u> Schedule D (Form 990) 2023
		3 IOF I UTIL 330.		Conedule D (FUIII 390) 2023
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Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).         a       X       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other
collection items (check all that apply). a
a       X       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       X       No         Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic         c       Beginning balance       Id       Amount       Id
b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       X       No         Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c         c       Beginning balance       1c       1d
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       X       No         Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic         c       Beginning balance       Id       Id
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>
<ul> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li> <li>c Beginning balance</li> <li>d Additions during the year</li> </ul>
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance <u>Amount</u> d Additions during the year <u>1d</u>
Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year  1d
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control of the strangement in Part XIII and complete the following table:         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Ic         d       Additions during the year       Id
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year
c       Beginning balance       1c         d       Additions during the year       1d
c     Beginning balance     1c       d     Additions during the year     1d
d Additions during the year 1d
e Distributions during the year1e
f Ending balance If
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Comparison of the second seco
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance         5,178,227.         6,178,009.         5,651,754.         5,083,623.         4,333,856
b Contributions 70,779.
c Net investment earnings, gains, and losses 781,117957,152. 586,433. 612,280. 795,470
d Grants or scholarships 45,703
e Other expenditures for facilities
and programs 21,315. 42,630. 60,178. 114,928.
f Administrative expenses
g End of year balance 5,938,029. 5,178,227. 6,178,009. 5,651,754. 5,083,623
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment%
b Permanent endowment 77.0000 %
c Term endowment23.0000_%
The percentages on lines 2a, 2b, and 2c should equal 100%.
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the
organization by: Yes No
(i) Unrelated organizations? 3a(i) X
(ii) Related organizations? 3a(ii) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Book valuebasis (investment)basis (other)depreciation
1a Land         334,115         334,115
b Buildings 16,584,080. 3,262,056. 13,322,024
c Leasehold improvements
c Leasehold improvements         469,996.         468,771.         1,225.           d Equipment         404,502         266,704         27,700
c Leasehold improvements

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Part VII	Investments - Other	Securities
----------	---------------------	------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

#### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	169,884.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	169,884.

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

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 THE MIDDLE EAST INSTITUTE			age <b>4</b>				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.						
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1							
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							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)							
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return					
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With Expe						
<b>P</b> a 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe						
	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expe						
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements	ements With Expe						
1 2	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expe						
1 2 a	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities	2a.         2a						
1 2 a b	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a         2a           2b         2c						
1 2 a b c	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a         2a           2b         2c           2d         2d	1					
1 2 b c d	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d	1					
1 2 b c d e	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2d         2d	1					
1 2 b c 3	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a         2a           2b         2c           2d         2d	1					
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2a           2b         2c           2d         2d	1					
1 2 3 4 4	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a         2b         2c         2d         2d         4a         4b	1      2e  3  4c					
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a         2b         2c         2d         2d         4a         4b	1      2e  3  4c					

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 III, LINE 4:

MEI PUTS ON SEVERAL ART SHOWS TO EDUCATE THE GENERAL AMERICAN PUBLIC ON

THE RICH CULTURE OF THE MIDDLE EAST.

PART V, LINE 4:

MEI MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUNDS FOR THE

ANNUAL AWARD "ISSAM M. FARES AWARD FOR EXCELLENCE", A KEYNOTE SPEAKER AT

### THE MEI ANNUAL CONFERENCE BANQUET AND AWARD CEREMONY, BANQUET EXPENSES AND

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

LOGISTICAL SUPPORT TO BRING AWARDEES TO WASHINGTON D.C. IN ADDITION TO

PROVIDE SUPPORT FOR MEI LIBRARY.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047							
(Form 990)	Complete if th	, or if the	2023							
Department of the Treasury		organization entered more than \$ <sup>-</sup> Attach to Form 990		Open to Public						
Internal Revenue Service		o www.irs.gov/Form990 for instru	uctions	and t	he latest informatio	on.		Inspection		
Name of the organization		DLE EAST INSTITUT	F.				Employer ide	entification number		
Part I Fundrais		Complete if the organization answ		es" o	n Form 990. Part IV.	line 1				
required to	complete this par	t.								
	-	sed funds through any of the follow	-		Check all that apply overnment grants					
	l email solicitations				nment grants					
c D Phone solici			ıl fundra							
d X In-person so					ff:					
-		or oral agreement with any individua art VII) or entity in connection with		-			, or X Yes	s 🗌 No		
		viduals or entities (fundraisers) purs	•		-					
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres	o of individual		(iii) fundr	Did			Amount paid	(vi) Amount paid		
or entity (fund		(ii) Activity	have c or cor	ustody trol of	(iv) Gross receipts from activity	Ì	or retained by) fundraiser	to (or retained by) organization		
			contrib			lis	ted in col. (i)			
ELIASSON SCHAMIS C GROUP LLC - 4506 D		FUNDRAISING SUPPORT, COUNSEL AND OUTREACH	Yes	No X	. 0.		55,000.	-55,000.		
	,						, ,	, , ,		
<b>T</b> .1.1							55,000	55 000		
Total 3 List all states in wh	ich the organizatio	on is registered or licensed to solicit	contrib	outions	l s or has been notified	l ditis	-			
or licensing.								-9		
DC										
For Paperwork Reduct	ion Act Notice, se	ee the Instructions for Form 990 c	or 990-l	Z.			Schedul	e G (Form 990) 2023		
SEE	PART IV	FOR CONTINUATIONS								

LHA 332081 09-13-23

THE MIDDLE EAST INSTITUTE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				its greater than \$5,000.		
			(a) Event #1 ANNUAL BANQUET	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
	1	Gross receipts	572,505.			572,505.		
_	2	Less: Contributions	522,505.			522,505.		
	3	Gross income (line 1 minus line 2)	50,000.			50,000.		
	4	Cash prizes						
es	5	Noncash prizes						
xbens	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8 9	Entertainment Other direct expenses	225,473.			225,473.		
	10	Direct expense summary. Add lines 4 through		•		225,473.		
<b>D</b>		Net income summary. Subtract line 10 from li	ne 3, column (d)			-175,473.		
Pa	nrt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
Revenue	\$15,000 on Form 990-EZ, line 6a.		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev		0						
	-	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		atataa?		Yes No		
		No," explain:						
	We If "	Yes No						
3320	32 09	9-13-23			Sche	dule G (Form 990) 2023		

Sch	edule G (Form 990) 2023	THE	MIDDLE	EAST	INSTITUTE	53-0	204	608	Page 3
11	Does the organization conduct ga	aming ac	tivities with no	nmember	s?			Yes	No No
12					member of a partnership or other entity forme				
								Yes	└── No
	Indicate the percentage of gamin						1	I	
							13a		<u>%</u> %
					nization's gaming/special events books and r		13b		90
		ie persor		s the orga	nization's gaming/special events books and h	ecolus.			
	Name								
	Address								
15a	Does the organization have a con	tract wit	h a third party	from who	m the organization receives gaming revenue?			Yes	🗌 No
b	If "Yes," enter the amount of gam	ina reve	nue received b	w the ora	anization \$ and the	amount			
	of gaming revenue retained by th	-		,	······································				
c	If "Yes," enter name and address	of the th	nird party:						
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	carning manager compensation	Ψ							
	Description of services provided								
	Director/officer	☐ Fn	nployee		Independent contractor				
			ipic) cc						
17	Mandatory distributions:								
a	÷ .				tributions from the gaming proceeds to				
							📖	Yes	└── No
b	<ul> <li>Enter the amount of distributions organization's own exempt activit</li> </ul>				istributed to other exempt organizations or sp	ent in the			
Pa				\$ explanatio	ons required by Part I, line 2b, columns (iii) and	d (v): and Pa	art III. li	nes 9.	9b. 10b.
					ditional information. See instructions.		, , ,	,	,
<u>sc</u>	HEDULE G, PART I,	LIN.	E 28, LI	IST O	F TEN HIGHEST PAID FUND	RAISEF	RS:		
(I	) NAME OF FUNDRAI	SER:	ELIASS	ON SCI	HAMIS CONSULTING GROUP	LLC			
	\								
(I	) ADDRESS OF FUND	RAIS	ER: 4506	5 DAL'	TON ROAD, CHEVY CHASE,	MD 20	)815		
3320	83 09-13-23					Sched	ule G (	Form	990) 2023

Schedule G	(Form 990) Supplemental In	THE N	IDDLE	EAST	INSTITUTE	53-0204608	Page <b>4</b>
Part IV	Supplemental In	formation (	continued)				
332084 04-01-	-23					Schedule G (Fo	rm 990)
					36		

SC	HEDULE J	Compensation Information		OMB No.	1545-00	)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	27	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	LU	,
Depar	tment of the Treasury	Attach to Form 990.		Open to		
_	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Nam	e of the organization		Employer id			mber
Pa		THE MIDDLE EAST INSTITUTE s Regarding Compensation	53-0	20460	8	
Га		s Regarding Compensation			V.	
1a	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	000		Yes	No
la		line 1a. Complete Part III to provide any relevant information regarding these items.	1990,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3		ny, of the following the organization used to establish the compensation of the organization'				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	X Form 990 of o	ther organizations	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
	•	eive payment from an equity-based compensation arrangement?				Х
		ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the n					v
a	The organization?			6a		X X
b		ation?		6b		
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	•			
7	•			7	x	
8		nes 5 and 6? If "Yes," describe in Part III				
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For		on Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990	) 2023
	-	-		•		·

LHA 332111 11-06-23

Schedule J (Form 990) 2023

### 53-0204608

Page 2

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

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

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

		( <b>B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL ERNEST SALEM	(i)	296,117.	0.	0.	17,643.	32,988.	346,748.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COURTNEY LOBEL	(i)	229,080.	10,000.	0.	0.	8,711.	247,791.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATE SEELYE	(i)	228,000.	0.	0.	12,855.	436.	241,291.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BILAL SAAB	(i)	189,203.	0.	0.	10,954.	6,018.	206,175.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN KATULIS	(i)	196,650.	0.	0.	6,018.	0.	202,668.	0.
VICE PRESIDENT, POLICY CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MIRETTE F. MABROUK	(i)	158,830.	0.	0.	9,629.	12,806.	181,265.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES LISTER	(i)	142,785.	0.	0.	8,567.	22,322.	173,674.	0.
SENIOR FELLOW/PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(8) GONUL TOL	(i)	144,808.	0.	0.	9,182.	343.	154,333.	0.
SENIOR FELLOW/PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE CHIEF DEVELOPMENT OFFICER RECEIVED A BONUS OF \$10,000 IN RECOGNITION OF

HER WORK RAISING FUNDS FOR THE GALA.

SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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



53-0204608

THE MIDDLE EAST INSTITUTE

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

BETTER UNDERSTANDING BETWEEN THE PEOPLE OF THESE TWO AREAS.

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

FREQUENTLY, ALLOWING MEI TO PROVIDE REAL-TIME COMMENTARY ON BREAKING

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

AND THE PUBLIC.

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

COMMUNICATIONS: THE COMMUNICATIONS DEPARTMENT MANAGES MEI'S MEDIA

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

AND INSTITUTIONAL BRANDING. IT IS ALSO RESPONSIBLE FOR MULTIMEDIA

PRODUCTION, INCLUDING A WEEKLY PODCAST, SHORT INFORMATIONAL VIDEOS, AND

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

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

TECHNICAL SUPPORT ACROSS ALL OTHER CENTERS AND DEPARTMENTS.

EXPENSES \$ 432,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 107,094.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS TOM CAMPBELL AND GAIL DADY HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 FOR MIDDLE EAST INSTITUTE IS REVIEWED BY THE ORGANIZATION'S PRESIDENT, CHAIRMAN OF THE AUDIT COMMITTEE, AND THE VP OF FINANCE BEFORE IT IS SIGNED BY THE ORGANIZATION'S VP OF FINANCE AND FILED WITH THE IRS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

Schedule O (Form 990) 2023

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FORM 990, PART VI, SECTION B, LINE 12C:
BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO FILL OUT AND SIGN A
CONFLICT OF INTEREST FORM ANNUALLY TO DISCLOSE ANY ACTIVITIES OR INTERESTS
THAT COULD GIVE RISE TO A CONFLICT. A MEMBER OF THE OPERATIONS TEAM
MONITORS COMPLIANCE WITH THIS POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND
MOST RECENT TAX EXEMPT ORGANIZATION DOCUMENTS AVAILABLE UPON REQUEST BY
GENERAL PUBLIC, DONORS, GRANTORS, AND ANY INTERESTED PARTY. THE FORM 990
AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:
EDUCATIONAL CONSULTANTS:
PROGRAM SERVICE EXPENSES 120,847
MANAGEMENT AND GENERAL EXPENSES 21,621
FUNDRAISING EXPENSES 16,884
TOTAL EXPENSES 159,352
COMMISSIONED WRITERS:
PROGRAM SERVICE EXPENSES 73,460
MANAGEMENT AND GENERAL EXPENSES 13,143
FUNDRAISING EXPENSES 10,263
TOTAL EXPENSES 96,866
TEMPORARY HELP:
PROGRAM SERVICE EXPENSES 39,869
MANAGEMENT AND GENERAL EXPENSES 7,133
332212 11-14-23 Schedule O (Form 990) 20: 41
451120 793927 17249 2023.05000 THE MIDDLE EAST INSTITUTE 17249_1

Schedule O (Form 990) 2023

THE MIDDLE EAST INSTITUTE

Name of the organization

0

Employer identification number 53 - 0204608

Schedule O (Form 990) 2023 Name of the organization	Page 2
THE MIDDLE EAST INSTITUTE	53-0204608
FUNDRAISING EXPENSES	5,570.
TOTAL EXPENSES	52,572.
FELLOWS AND INTERNS:	
PROGRAM SERVICE EXPENSES	629,021.
MANAGEMENT AND GENERAL EXPENSES	112,541.
FUNDRAISING EXPENSES	87,883.
TOTAL EXPENSES	829,445.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	320,091.
MANAGEMENT AND GENERAL EXPENSES	57,269.
FUNDRAISING EXPENSES	44,721.
TOTAL EXPENSES	422,081.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,560,316.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS PROCESSES DURING THE	YEAR.

332212 11-14-23

Schedule O (Form 990) 2023

08451120 793927 17249

	EXTENDED TO NOVEMBER 15,			
Form <b>990-T</b>	Exempt Organization Business Inco		ר  ו	OMB No. 1545-0047
	(and proxy tax under section 6033	(e))		2023
	For calendar year 2023 or other tax year beginning, and enc		·	ζυζυ
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the la Do not enter SSN numbers on this form as it may be made public if your		5	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization ( Check box if name changed and see instruc			loyer identification number
B Exempt under section	Print THE MIDDLE EAST INSTITUTE		5	3-0204608
<b>X</b> 501( <b>C</b> )( <b>3</b> )	or Number, street, and room or suite no. If a P.O. box, see instructions.		E Grou	p exemption number
408(e) 220(e)	Type 1761-1763 N STREET NW		(See I	instructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		1	
529(a) 529A	WASHINGTON, DC 20036		F	Check box if
	C Book value of all assets at end of year	393,990.		an amended return.
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust	Other trust	State c	college/university
	6417(d)(1)(A) Applicable entity			
H Check if filing only to		1.7		unt from Form 3800
	organization filing a consolidated return with a 501(c)(2) titleholding corp		<u></u> ,	 1
	attached Schedules A (Form 990-T)			Yes X No
	was the corporation a subsidiary in an affiliated group or a parent-subsid	liary controlled group?		Yes X No
	ame and identifying number of the parent corporation re of BAINDU CONTE-HARVEY	Telephone number 2	202-	785-1141
	related Business Taxable Income		102	/05 1141
	d business taxable income computed from all unrelated trades or busines	ses (see instructions)	1	0.
		. ,	2	
3 Add lines 1 and 2			3	
	butions (see instructions for limitation rules)		4	0.
	usiness taxable income before net operating losses. Subtract line 4 from		5	
6 Deduction for ne	t operating loss. See instructions		6	
	d business taxable income before specific deduction and section 199A d			
Subtract line 6 fr			7	
	on (generally \$1,000, but see instructions for exceptions)		8	1,000.
	199A deduction. See instructions		9	1 000
	s. Add lines 8 and 9		10	1,000.
Part II Tax Com	ess taxable income. Subtract line 10 from line 7. If line 10 is greater that	n line 7, enter zero	11	0.
			1	0.
	axable as corporations. Multiply Part I, line 11 by 21% (0.21)			0.
	m: Tax rate schedule or Schedule D (Form 1041)		2	
	Instructions		3	
	ts. See instructions		4	
5 Alternative minim			5	
6 Tax on noncom	oliant facility income. See instructions		6	
7 Total. Add lines	3 through 6 to line 1 or 2, whichever applies		7	0.
Part III Tax and	Payments			
		1a		
<b>b</b> Other credits (se		1b	-	
	· · · · · · · · · · · · · · · · · · ·	1c	-	
		1d		
	Id lines 1a through 1d		1e	0.
	irom Part II, line 7		2	0.
<ul><li>3a Amount due fron</li><li>b Amount due fron</li></ul>	- F 0014	3a 3b	-	
<ul> <li>b Amount due fron</li> <li>c Amount due fron</li> </ul>	- F 0007	30 3c		
d Amount due from		3d		
		3e		
	Je. Add lines 3a through 3e		3f	0.
4 Total tax. Add lir	nes 2 and 3f (see instructions). Check if includes tax previously defe	erred under		
	Enter tax amount here		4	0.
	ax liability paid from Form 965-A, Part II, column (k)		5	0.
LHA For Paperwork R	eduction Act Notice, see instructions. 323701 11-20-23			Form <b>990-T</b> (2023)
	44			

<sup>08451120 793927 17249</sup> 

<sup>2023.05000</sup> THE MIDDLE EAST INSTITUTE 17249\_1

Form 9	90-T (2023)			F	age 2
Part	III Tax and Payments (continued)				-
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136				
j	Other (see instructions)				
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	ation (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the foreign country			
	here				Х
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not	include any post-2017 NOL car	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on Pa	rt I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL carryovers. Don't reduc	е		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fe	or the tax year. See instructions	8.		
	Business Activity Code	Available post-2017 NOL	carryover		
		\$			
		\$			
		\$			
		\$			
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

	Under penalties of perjury, I dec correct, and complete. Declarati						knowle	dge and belief, it is true,
Here	Signature of officer		Date	VP OF FINANCE			the pr	he IRS discuss this return with reparer shown below (see ctions)? X Yes No
	Print/Type preparer's na	ame	Preparer's signature	THE	Date	Check	if	ctions)? XYes No
Paid		ame	Treparer 5 Signature		Date	self-employe	ed	
Preparer	TINA PEACHE	R						P01608826
Use Only		Firm's name JM&M				Firm's EIN		52-1853933
	1	10500 LITTLE PATUXENT PARKWAY, SUITE						
	Firm's address C	OLUMBIA,	MD 21044			Phone no.	41	0-884-0220

Form **990-T** (2023)

323711 11-20-23

### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

Open to Public Inspection for

1

501(c)(3)	Organizations	Only

B Employer identification number 53-0204608

D Sequence:

1

of

Α	Name of the	organization		
	THE	MIDDLE	EAST	INSTITUTE

541800 Unrelated business activity code (see instructions) С

#### ADVERTISING Describe the unrelated trade or business

<u>E</u> [	Describe the unrelated trade or business ADVERTISING				
Ра	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances <b>c</b> Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	2,500.	4,046.	-1,546.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	2,500.	4,046.	-1,546.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		
3	Repairs and maintenance	3	
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions       7         Less depreciation claimed in Part III and elsewhere on return       8a		
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT	L 14	750.
15	Total deductions. Add lines 1 through 14		750.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-2,296.
17	Deduction for net operating loss. See instructions		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-2,296.
For I	Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2023

1 OMB No. 1545-0047

LHA 323741 01-19-24

Schod	ule A (Form 990-T) 2023					Page
Part		hod of inventory valuat	ion			Faye
1	Inventory at beginning of year	,			1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2		8	
9	Do the rules of section 263A (with respect to property					Yes N
Part	IV Rent Income (From Real Property an	d Personal Prope	rty Leased With I	Real Prope	erty)	
1	Description of property (property street address, city,	state, ZIP code). Check	t if a dual-use. See inst	ructions.		
	A					
	в					
	c					
	D	,				
		A	В	C		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D				I	
						<i>.</i>
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	e and on Part I, line 6,	column (A)	<u> </u>	(
	Deductions directly connected with the income					
4	in lines 2a and 2b (attach statement)					
-			(D)			C
5 Part	Total deductions. Add line 4, columns A through D. E           V         Unrelated Debt-Financed Income         (s		Ine 6, column (B)			
1	Description of debt-financed property (street address,	,	Chock if a dual use. So			
•	A	City, State, Zir Code). C	Sheck if a qual-use. Se		•	
	в 🗌					
	c 🗆					
		А	В	С		D
2	Gross income from or allocable to debt-financed	^		<b>U</b>		
2						
3	property Deductions directly connected with or allocable					
3	to debt-financed property					
~	Straight line depreciation (attach statement)					
a h	Other deductions (attach statement)					
b						
С	Total deductions (add lines 3a and 3b,					
4	columns A through D)					
4	Amount of average acquisition debt on or allocable					
F	to debt-financed property (attach statement)	├				
5	Average adjusted basis of or allocable to debt-					
•	financed property (attach statement)		0/			
6	Divide line 4 by line 5	%	%		%	
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through D)	. Enter nere and on Pai	π ι, line 7, column (A)			(
~	Allegeble deductions Multiple line On the Part O	T	I		<u> </u>	
9 10	Allocable deductions. Multiply line 3c by line 6		l an Dart I line 7 - 1	mn (D)		(
10	Total allocable deductions. Add line 9, columns A the Total dividends-received deductions included in line					(
11						
23/21	01-19-24	47		5	chequie A (	Form 990-T) 20
511	20 793927 17249 2023	3.05000 THE	MIDDLE EAST	INSTIT	TUTE	17249
						-·

08451120 793927 17249

Sched	ule A (Form 990-T) 2023 VI Interest, Annu	; iitioo D	ovaltion and P	onto Er	m Contr		Tranizatio	<b>no</b> /-				Page <b>3</b>
Part	VI Interest, Annu	illes, n	oyanies, and n				Exempt Contro					
	1. Name of controlled organization		<b>2.</b> Employer identification number			<b>4.</b> Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income			Deductions directly connected with come in column 5
(1)									s groot inc			
(2)												
(3)												
(4)												
			No	-	Controlled O		ions					
7	ir		Net unrelated Icome (loss) e instructions)		<ol> <li>Total of specified payments made</li> </ol>		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		in the zation's	11. Deductions directly connected with income in column 10		
(1)							Ĭ					
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er h	blumns 6 and 11. ere and on Part I, 8, column (B).
Totals									0.			0.
Part			of a Section 50	01(c)(7),	1		nization (s	ee inst	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incor		<b>3.</b> Deduction directly connormal (attach states)	ected	<b>4.</b> Set- (attach st		, ,	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)						into in						Add amounto in
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0 •
Part	VIII Exploited E	xempt /	Activity Income	. Other	L Than Adv	ertisir	na Income (	see in	structions	)		
1	Description of exploite	-	-	,			<b>9</b> (					
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)											
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,											
	line 10, column (B)						3					
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete											
	lines 5 through 7							4				
5	Gross income from ac	Gross income from activity that is not unrelated business income						5				
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

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	ule A (Form 990-T) 2023					Page 4
Part						
1	Name(s) of periodical(s). Check box if reportin		more periodicals on a	consolidated bas	sis.	
	A THE MIDDLE EAST JOU	JRNAL				
	в					
	c 🗔					
	D					
Enter a	amounts for each periodical listed above in the	correspor	nding column.			
		Ī	A	В	С	D
2	Gross advertising income	Γ	2,500.			
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)			2,500.
а	C C					
3	Direct advertising costs by periodical	Γ	4,046.			
а	Add columns A through D. Enter here and on					4,046.
-	·····	,				
4	Advertising gain (loss). Subtract line 3 from lir	ne [				
-	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column ir	- I				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8		-1,546.			
5	-		1,510.			
	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les					
•	than line 6, enter -0-	·····				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain c					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	reater of th	ne line 8a columns tota	al or -0- here and	lon	0.
						0.
Dart	Part II, line 13	rectore	and Trustops (or	o instructions)		
Part		rectors,	and Trustees (se	ee instructions)	3 Porcontago	4 Componentian
Part	X Compensation of Officers, Di	rectors,	·	ee instructions)	3. Percentage	4. Compensation
Part		rectors,	and Trustees (se 2. Title	ee instructions)	of time devoted	attributable to
	X Compensation of Officers, Di	rectors,	·	ee instructions)	of time devoted to business	
(1)	X Compensation of Officers, Di	rectors,	·	ee instructions)	of time devoted to business %	attributable to
(1) (2)	X Compensation of Officers, Di	rectors,	·	ee instructions)	of time devoted to business %	attributable to
(1) (2) (3)	X Compensation of Officers, Di	rectors,	·	ee instructions)	of time devoted to business % %	attributable to
(1) (2)	X Compensation of Officers, Di	rectors,	·	ee instructions)	of time devoted to business %	attributable to
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name		2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % %	attributable to
(1) (2) (3) (4)	X Compensation of Officers, Diu 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % %	attributable to unrelated business
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(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % %	attributable to unrelated business

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		750.
TOTAL TO SCHEDULE A, PAR	RT II, LINE 14	750.