

Return of Organization Exempt From Income Tax

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: **AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES, INC.**

D Employer identification number: **53-0243270**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1730 M STREET NW 1100**

E Telephone number: **(202) 776-9630**

City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20036**

F Accounting method: Cash Accrual Other (Specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

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

I Group Exemption Number ▶

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

G Website: **WWW.AMIDEAST.ORG**

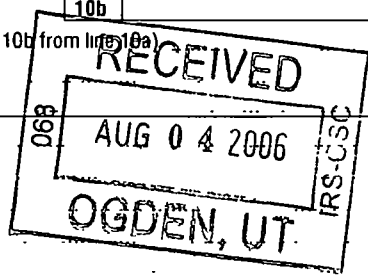
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **47,041,777.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	422,414.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 422,414. noncash \$)	1d		422,414.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		44,907,206.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		45,884.	
	5	Dividends and interest from securities	5		89,321.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		1,576,952.	8a			
		b Less cost or other basis and sales expenses	8b			
		1,493,523.	8b			
c	Gain or (loss) (attach schedule)	8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		83,429.		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		b Less cost of goods sold	10b			
		c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		45,548,254.		
Expenses	13	Program services (from line 44, column (B))	13		38,509,491.	
	14	Management and general (from line 44, column (C))	14		3,772,830.	
	15	Fundraising (from line 44, column (D))	15		59,990.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		42,342,311.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3,205,943.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,486,788.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		189,379.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		10,882,110.	



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15 GB

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 666,666.	666,666.	0.	0.
26 Other salaries and wages	26 6,181,950.	4,398,123.	1,747,110.	36,717.
27 Pension plan contributions	27 309,001.	226,002.	81,329.	1,670.
28 Other employee benefits	28 1,138,363.	832,598.	299,617.	6,148.
29 Payroll taxes	29 503,537.	368,286.	132,524.	2,727.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 139,607.	20,748.	118,859.	
33 Supplies	33 402,227.	347,801.	54,426.	
34 Telephone	34 419,414.	323,095.	96,319.	
35 Postage and shipping	35 161,113.	147,569.	13,496.	48.
36 Occupancy	36 1,941,804.	1,651,117.	281,349.	9,338.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 116,696.	102,050.	14,646.	
39 Travel	39 1,069,233.	1,004,782.	64,711.	<260.>
40 Conferences, conventions, and meetings	40 179,546.	162,483.	17,033.	30.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 566,579.	442,352.	124,227.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 28,546,575.	27,815,819.	727,184.	3,572.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 42,342,311.	38,509,491.	3,772,830.	59,990.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)</small>
a SEE STATEMENT 5	
(Grants and allocations \$ _____)	16,622,026.
b SEE STATEMENT 6	
(Grants and allocations \$ _____)	415,565.
c SEE STATEMENT 7	
(Grants and allocations \$ _____)	21,471,900.
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	38,509,491.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	3,657,689.	46 6,958,581.
	47 a Accounts receivable	47a 3,532,503.	
	b Less allowance for doubtful accounts	47b 98,291.	47c 3,434,212.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	358,540.	52 449,249.
	53 Prepaid expenses and deferred charges	1,374,029.	53 1,276,765.
	54 Investments - securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,271,381.	54 4,819,545.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 4,600,968.		
b Less accumulated depreciation STMT 8	57b 3,230,797.	57c 913,687.	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	12,800,039.	59 18,308,523.	
Liabilities	60 Accounts payable and accrued expenses	2,896,081.	60 3,587,562.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)	2,417,170.	65 3,838,851.
66 Total liabilities (add lines 60 through 65)	5,313,251.	66 7,426,413.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,470,144.	67 9,608,848.
	68 Temporarily restricted	1,016,644.	68 1,273,262.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	7,486,788.	73 10,882,110.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	12,800,039.	74 18,308,523.

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

AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES, INC.

Form 990 (2004)

53-0243270

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> 81a <input type="checkbox"/> 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <input type="checkbox"/> 82b <input type="checkbox"/> N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members <input type="checkbox"/> 85c <input type="checkbox"/> N/A		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d <input type="checkbox"/> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e <input type="checkbox"/> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f <input type="checkbox"/> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a <input type="checkbox"/> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b <input type="checkbox"/> N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <input type="checkbox"/> 87a <input type="checkbox"/> N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <input type="checkbox"/> 87b <input type="checkbox"/> N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DC AND NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2004 <input type="checkbox"/> 90b <input type="checkbox"/> 66		
91	The books are in care of <input type="checkbox"/> AMIDEAST Telephone no. <input type="checkbox"/> (202) 776-9630		

Located at 1730 M STREET, NW, SUITE 1100, WASHINGTON, DC ZIP +4 20036

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 12		5,955.		26,405.	44,874,846.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	45,884.	
96 Dividends and interest from securities			14	89,321.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	83,429.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		5,955.		245,039.	44,874,846.
105 Total (add line 104, columns (B), (D), and (E))					45,125,840.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A- 93E	PROGRAM SERVICE REVENUE GOES TO STRENGTHEN MUTUAL UNDERSTANDING AND COOPERATION BETWEEN AMERICANS AND THE PEOPLE OF THE MIDDLE EAST AND NORTH AFRICA.

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

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

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

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

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

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

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.

Please Sign Here: Signature of officer: *Theodore H. Kattouf* Date: 7/28/06 Type or print name and title: THEODORE H. KATTOUF, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: *Marcus Z. Woods* Date: 7/26/06 Check if self-employed: Preparer's SSN or PTIN: P00364424

Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 1750 TYSONS BOULEVARD, MCLEAN, VA 22102-4219

EIN: 13-3891517 Phone no: (703) 251-1000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES, INC.** Employer identification number **53 0243270**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES GRABOWSKI 1730 M STREET NW, WASHINGTON, DC 20036	COP/AOJS 40	119,538.	31,679.	41,916.
STEPHEN HANCHEY 1730 M STREET NW, WASHINGTON, DC 20036	C. DIR./AOJS 40	101,627.	36,861.	17,577.
JACQUELINE HARALSON 1730 M STREET NW, WASHINGTON, DC. 20036	C. MGR./AOJS 40	98,309.	25,305.	
DENNIS TURNER 1730 M STREET NW, WASHINGTON, DC 20036	DIR./AOJS 40	92,498.	28,409.	
JULEANN FALLGATTER 1730 M STREET NW, WASHINGTON, DC 20036	DIR./AOJS 40	98,581.	36,027.	
Total number of other employees paid over \$50,000 ▶	38			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

AMERICA-MIDEAST EDUCATIONAL & TRAINING

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	387,815.	218,145.	883,144.	573,049.	2,062,153.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	30,527,598.	26,679,220.	28,215,800.	29,173,434.	114,596,052.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	70,231.	51,464.	73,814.	131,898.	327,407.
19 Net income from unrelated business activities not included in line 18	8,093.	9,752.	8,378.		26,223.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	30,993,737.	26,958,581.	29,181,136.	29,878,381.	117,011,835.
24 Line 23 minus line 17	466,139.	279,361.	965,336.	704,947.	2,415,783.
25 Enter 1% of line 23	309,937.	269,586.	291,811.	298,784.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					48,316.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					596,733.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					2,415,783.
d Add: Amounts from column (e) for lines: 18 <u>327,407.</u> 19 <u>26,223.</u> 22 _____ 26b <u>596,733.</u>					950,363.
e Public support (line 26c minus line 26d total)					1,465,420.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.6602%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLICLY TRADED SECURITIES	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS	1,576,952.	1,493,523.	0.	83,429.
TOTAL TO FM 990, PART I, LN 8	1,576,952.	1,493,523.	0.	83,429.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON SECURITIES HELD FOR INVESTMENT	189,379.
TOTAL TO FORM 990, PART I, LINE 20	189,379.

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER FEES AND SERVICES	211,554.	163,781.	47,742.	31.
REPAIRS AND MAINTENANCE	292,579.	174,494.	118,085.	
BOOKS AND PERIODICALS	57,550.	52,241.	2,944.	2,365.
REPRODUCTION	104,445.	102,995.	1,431.	19.
FURNITURE AND EQUIPMENT	983,624.	880,310.	103,314.	
PROGRAM AND STUDENT EXPENSES	18,802,924.	18,802,880.	44.	
MISCELLANEOUS	1,586,335.	1,190,855.	394,323.	1,157.
CONSULTING	6,507,564.	6,448,263.	59,301.	
TOTAL TO FM 990, LN 43	28,546,575.	27,815,819.	727,184.	3,572.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO STRENGTHEN MUTUAL UNDERSTANDING AND COOPERATION BETWEEN AMERICANS AND PEOPLES OF THE MIDDLE EAST AND NORTH AFRICA.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION AND TRAINING SERVICES:
 PROVIDE PROGRAM DESIGN AND MANAGEMENT SERVICES INCLUDING
 RECRUITING, PLACEMENT, ORIENTATION, AND MONITORING TO ENSURE
 QUALITY AND RELEVANCE OF INTERNATIONAL EDUCATIONAL EXCHANGE
 PROGRAMS THAT ENABLE BETTER UNDERSTANDING BETWEEN AMERICANS
 AND PEOPLE OF THE MIDDLE EAST/NORTH AFRICA.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	<u> </u>	<u>16,622,026.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATIONAL OUTREACH (FORMERLY INFO SERVICES):
 DEVELOPMENT AND DISTRIBUTION OF EDUCATIONAL MATERIALS
 (INCLUDING INTERNET-BASED) THAT PROMOTE BETTER UNDERSTANDING
 OF MIDDLE EASTERN HISTORY, CULTURE, AND SOCIETY AMONG
 AMERICAN STUDENTS AND TEACHERS; ADMINISTRATION OF
 INSTITUTIONAL MEMBERSHIP PROGRAM TO SUPPORT U.S. EDUCATIONAL
 INSTITUTIONS IN THEIR RECRUITMENT AND EVALUATION OF QUALITY
 APPLICANTS FROM THE REGION.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	<u> </u>	<u>415,565.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

FIELD OFFICE OPERATIONS:
 PROVIDE ADVISING AND TESTING SERVICES AND SERVE AS MAJOR
 SOURCE OF INFORMATION ON U.S. HIGHER EDUCATION IN THE MIDDLE
 EAST/NORTH AFRICA REGION; ASSIST APPROXIMATELY 200,000
 INDIVIDUALS ANNUALLY.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C		21,471,900.

AMIDEAST
ID NUMBER : 53-0243270
A STATEMENT ATTACHED TO AND MADE PART OF FORM 990,
RETURN OF AN ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED SEPTEMBER 30, 2004

FIXED ASSETS AND DEPRECIATION

Description of Property	Cost			
	Beg Balance	Additions	Retirements	End Balance
BUILDING & LEASEHOLDS	880,028	288,619	0	1,168,647
FURNITURE & EQUIPMENT	2,703,792	734,806	6,277	3,432,321
TOTAL	3,583,820	1,023,425	6,277	4,600,968

Description of Property	Current Year Reserve For Depreciation			
	Beg Balance	Expense	Retirements	End Balance
BUILDING & LEASEHOLDS	564,503	172,671	2,815	734,359
FURNITURE & EQUIPMENT	2,105,631	393,908	3,101	2,496,438
TOTAL	2,670,134	566,579	5,916	3,230,797

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
ACCRUED PAYROLL	203,505.
DEFERRED CONTRACT & GRANT REVENUE	3,635,346.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,838,851.

AMIDEAST
ID NUMBER : 53-0243270
A STATEMENT ATTACHED TO AND MADE PART OF FORM 990,
RETURN OF AN ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED SEPTEMBER 30, 2004

INVESTMENTS - SECURITIES

<u>Description</u>	<u>Fair Market Value</u>
COMMON STOCK	3,832,279
BONDS	987,266
TOTAL	<u><u>4,819,545</u></u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THEODORE KATTOUF 1730 M STREET NW WASHINGTON, DC, 20036	PRESIDENT/CEO 40	172,916.	23,394.	0.
DIANA KAMAL 1730 M STREET NW WASHINGTON, DC, 20036	SR. VP-PROGRAMS 40	163,127.	54,776.	0.
WILLIAM BENZ 1730 M STREET NW WASHINGTON, DC, 20036	SR. VP-FINANCE 40	142,278.	43,011.	0.
LESLIE NUCHO 1730 M STREET NW WASHINGTON, DC, 20036	VP-PROGRAMS FOR AM. 40	95,827.	27,307.	0.
KATE ARCHAMBAULT 1730 M STREET NW WASHINGTON, DC, 20036	VP-EXCHANGE PROGRAMS 40	92,518.	23,922.	0.
DR. ODEH ABURDENE 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MS. AMAL ALAYAN 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. KUTAYBA YUSUF ALGHANIM 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MRS. BETTY ATHERTON 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. ALFRED J. BOULOS 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. CURTIS W. BRAND 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.

DR. SHERRILL CLELAND 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
THE HONORABLE ROBERT S. DILLON 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. HASAN M. EL-KHATIB 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
PROFESSOR EMERITA ELIZABETH W. FERNEA 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. ANTOINE N. FREM 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
THE HONORABLE EDWARD M. GABRIEL 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
HIS EXCELLENCY ASHRAF GHORBAL 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
DR. MARY W. GRAY 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. JAMES Q. GRIFFIN 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
DR. ALAN W. HORTON 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
DR. PAUL JABBER 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
DR. RAYMOND JALLOW 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
THE HONORABLE THEODORE H. KATTOUF 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.

DR. SAMIR KHALAF 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
DR. MARY E. KING 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. D. PATRICK MALEY III 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
THE HONORABLE WILLIAM A. RUGH 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. FREDERICK C. SIEBOLD, JR. 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
H.E. LEILA ABDUL HAMID SHARAF 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
MR. JACK T. TYMAN 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
THE HONORABLE NICHOLAS VELIOTES 1730 M STREET NW WASHINGTON, DC, 20036	BOARD MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>666,666.</u>	<u>172,410.</u>	<u>0.</u>

FORM 990

PROGRAM SERVICE REVENUE

STATEMENT 12

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
CONTRACT AND GRANT REVENUE					26,059,842.
FEEES FOR SERVICE					18,747,197.
ADVERTISING	541800	5,955.			
PRODUCT SALES					67,807.
MISCELLANEOUS INCOME			01	26,405.	
TO FORM 990, PART VII, LINE 93		<u>5,955.</u>		<u>26,405.</u>	<u>44,874,846.</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES, INC.	Employer identification number 53-0243270
File by the due date for filing your return See Instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1730 M STREET, NW, NO. 1100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

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

- The books are in the care of ▶ **AMIDEAST**
 Telephone No. ▶ **202-776-9630** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES, INC.	Employer identification number 53-0243270
	Number, street, and room or suite no. If a P.O. box, see instructions. 1730 M STREET, NW, NO. 1100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

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

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

- The books are in the care of **AMIDEAST**
Telephone No. **202-776-9630** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2006**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 _____ \$ _____

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

Signature and Verification

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

Signature **Yvette R. Woods** Title **TAX DIRECTOR** Date **5/4/06**

Notice to Applicant - To Be Completed by the IRS

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

EXTENSION APPROVED
JUN 15 2006
FIELD DIRECTOR
SUBMISSION PROCESSING OGDEN

Director _____ By _____ Date _____

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

Type or print	Name DELOITTE TAX LLP - ATTN: YVETTE WOODS
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1750 TYSONS BOULEVARD
	City or town, province or state, and country (including postal or ZIP code) MCLEAN, VA 22102-4219