

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

Doing Business As
AMIDEAST

Number and street (or P O box if mail is not delivered to street address) Room/suite
1730 M STREET NW NO 1100

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

D Employer identification number
53-0243270

E Telephone number
(202) 776-9699

G Gross receipts \$ 82,887,539

F Name and address of principal officer
THEODORE H KATTOUF
1730 M STREET NW NO 1100
WASHINGTON, DC 20036

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

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW AMIDEAST ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1951 **M** State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AMIDEAST SEEKS TO STRENGTHEN MUTUAL UNDERSTANDING AND COOPERATION BETWEEN AMERICANS AND THE PEOPLES OF THE MIDDLE EAST AND NORTH AFRICA				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28		
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	389		
	6 Total number of volunteers (estimate if necessary)	6	25		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	173,289	Current Year	272,577
	9 Program service revenue (Part VIII, line 2g)	80,265,926	76,995,600		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	837,692	419,362		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,941	72,818		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,341,848	77,760,357		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	576,783	0		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,339,803	17,518,917		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,589,960	60,613,653		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	81,506,546	78,132,570			
19 Revenue less expenses Subtract line 18 from line 12	-164,698	-372,213			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	27,799,030	End of Year	29,664,764
	21 Total liabilities (Part X, line 26)	13,753,921	15,021,921		
	22 Net assets or fund balances Subtract line 21 from line 20	14,045,109	14,642,843		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
Date: 2013-07-08

Type or print name and title: THEODORE H KATTOUF CEO/PRESIDENT

Paid Preparer's Use Only

Preparer's signature: YONG ZHANG CPA
Date: _____
Check if self-employed:

Preparer's taxpayer identification number (see instructions): P01249785

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP
8000 TOWERS CRESCENT DR STE 500
VIENNA, VA 221826205

EIN: 42-0714325
Phone no: (703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
AMIDEAST SEEKS TO STRENGTHEN MUTUAL UNDERSTANDING AND COOPERATION BETWEEN AMERICANS AND THE PEOPLES OF THE MIDDLE EAST AND NORTH AFRICA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 71,163,529 including grants of \$) (Revenue \$ 76,995,600)
PROGRAMS(1) EXCHANGE PROGRAMSGOVERNMENTS, DONOR AGENCIES, EDUCATIONAL INSTITUTIONS, AND CORPORATIONS TURN TO AMIDEAST FOR ASSISTANCE IN MANAGING SCHOLARSHIP AND EXCHANGE PROGRAMS IN THE UNITED STATES FOR MIDDLE EASTERN AND NORTH AFRICAN STUDENTS SUCCESSFUL PROGRAMS REQUIRE SOLID LOGISTICS AND SUPPORT SPONSORS MUST DETERMINE APPROPRIATE SELECTION CRITERIA AND MAKE THE MOST OF LIMITED RESOURCES, CANDIDATES SEEK ADVICE ON EDUCATIONAL CHOICES AND ON HANDLING APPLICATION, FINANCIAL, AND TRAVEL ARRANGEMENTS, AND PARTICIPANT PROGRESS NEEDS TO BE CLOSELY MONITORED AMIDEAST ENSURES THAT ALL THESE REQUIREMENTS ARE MET SO THAT SCHOLARSHIP AND EXCHANGE PROGRAMS CAN ACHIEVE THEIR OBJECTIVES AMIDEAST'S SERVICES TO EDUCATION AND TRAINING PROGRAM SPONSORS INCLUDE PROGRAM ANNOUNCEMENT AND RECRUITING OF CANDIDATES, MANAGING THE SELECTION PROCESS, PLACEMENT, PREDEPARTURE ORIENTATION, ONGOING ADVISING AND MONITORING, FINANCIAL ADMINISTRATION, REPORTING TO SPONSORS FOR GROUPS OF AMERICAN STUDENTS OR PROFESSIONALS, AMIDEAST DESIGNS AND IMPLEMENTS ACADEMIC STUDY, CULTURAL IMMERSION, AND PROFESSIONAL DEVELOPMENT PROGRAMS IN THE MIDDLE EAST AND NORTH AFRICA THESE PROGRAMS ARE TAILORED TO THE NEEDS AND INTERESTS OF EACH SPONSOR AND CAN RANGE IN DURATION FROM A FEW DAYS TO AN ENTIRE ACADEMIC YEAR AMONG THE PROGRAM ELEMENTS AMIDEAST CAN ARRANGE ARE PREDEPARTURE AND ARRIVAL ORIENTATIONS, ACADEMIC COURSES AND LECTURES, MEMORABLE CULTURAL EXPERIENCES, ARABIC LANGUAGE INSTRUCTION, FIELD TRIPS, INTERNSHIPS, AND PROFESSIONAL MEETINGS, AND HOUSING, INCLUDING HOMESTAYS IN 2007, AMIDEAST INITIATED A STUDY ABROAD SEMESTER PROGRAM IN MOROCCO IN COOPERATION WITH A LOCAL MOROCCAN UNIVERSITY AND A SUMMER SERVICE LEARNING PROGRAM IN TUNISIA, IN 2009 LAUNCHED SIMILAR PROGRAMS IN JORDAN, EGYPT, AND KUWAIT AS WELL AS A SUMMER ARABIC PROGRAM IN MOROCCO AND A PROGRAM FOR HIGH SCHOOL STUDENTS UNDER THE AUSPICES OF THE DEPARTMENT OF STATE'S YES ABROAD PROGRAM IN MOROCCO AND OMAN, IN 2010 IT LAUNCHED A SUMMER ARABIC PROGRAM IN JORDAN, AND IN 2012 IT LAUNCHED A SUMMER SERVICE LEARNING PROGRAM IN EGYPT AS WELL AS SUMMER INTENSIVE ARABIC PROGRAMS FOR HIGH SCHOOL STUDENTS IN MOROCCO AND OMAN, BOTH UNDER THE NATIONAL SECURITY LANGUAGE INITIATIVE FOR YOUTH FUNDED BY THE DEPARTMENT OF STATE IN 2012, AMIDEAST SUPPORTED SHORT- AND LONG-TERM SCHOLARSHIP AND EXCHANGE PROGRAMS FOR OVER 1,800 PARTICIPANTS (2) INSTITUTIONAL STRENGTHENINGFOR DECADES, AMIDEAST HAS CONTRIBUTED TO STRENGTHENING INSTITUTIONS IN THE MIDDLE EAST AND NORTH AFRICA THROUGH A RANGE OF SPECIALIZED SERVICES AND PROGRAMS DESIGNED TO MEET THE NEEDS OF GOVERNMENTS, NONGOVERNMENTAL ORGANIZATIONS, AND COMPANIES WE HAVE ADMINISTERED PROGRAMS THAT ADVANCED THE QUALITY OF JUDICIAL TRAINING, CONTRIBUTED TO FACULTY DEVELOPMENT AT EDUCATIONAL INSTITUTIONS, RAISED AWARENESS OF THE IMPORTANCE OF TRANSPARENCY AND ACCOUNTABILITY IN LOCAL GOVERNMENT, AND INCREASED THE PARTICIPATION OF CIVIL SOCIETY ORGANIZATIONS IN PUBLIC DISCOURSE IN 2012, AMIDEAST ADMINISTERED-AS EITHER A PRIME OR SUBCONTRACTOR-10 INSTITUTIONAL STRENGTHENING PROJECTS IN LEBANON, SAUDI ARABIA, THE WEST BANK AND GAZA, AND YEMEN (3) TRAININGIN RESPONSE TO GROWING DEMAND FOR ENGLISH LANGUAGE TRAINING THROUGHOUT THE MIDDLE EAST AND NORTH AFRICA, AMIDEAST HAS MADE THE EXPANSION OF ITS ENGLISH LANGUAGE TRAINING PROGRAMS A PRIORITY IN ADDITION TO ENGLISH LANGUAGE CLASSES, AMIDEAST OFFERS PREPARATION FOR A NUMBER OF STANDARDIZED TESTS INCLUDING THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL), GRADUATE RECORD EXAM (GRE), SAT I AND II, AND THE GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT) AMIDEAST ALSO DESIGNS AND CONDUCTS ENGLISH FOR SPECIAL PURPOSES PROGRAMS TO MEET THE SPECIALIZED REQUIREMENTS OF PUBLIC AND PRIVATE SECTOR ENTITIES, INCLUDING NATIONAL MINISTRIES, INTERNATIONAL AND NONGOVERNMENTAL ORGANIZATIONS, AND BUSINESSES IN ADDITION, AMIDEAST COMBINES ITS EXPERIENCE IN LANGUAGE TRAINING AND INSTITUTIONAL DEVELOPMENT TO HELP GOVERNMENT MINISTRIES, PUBLIC AGENCIES, AND EDUCATIONAL INSTITUTIONS DEVELOP AND IMPROVE THEIR OWN ENGLISH LANGUAGE TRAINING PROGRAMS IN ADDITION TO ENGLISH LANGUAGE TRAINING, AMIDEAST FIELD OFFICES OFFER TRAINING PROGRAMS AND COURSES THAT PROVIDE INDIVIDUALS AND INSTITUTIONS IN THE REGION-INCLUDING PRIVATE CORPORATIONS, GOVERNMENT AGENCIES, AND NONPROFIT ORGANIZATIONS-WITH THE SKILLS THEY NEED TO MEET PROFESSIONAL CHALLENGES AMONG THE SUBJECT AREAS IN WHICH AMIDEAST ROUTINELY OFFERS TRAINING ARE STRATEGIC PLANNING, EFFECTIVE COMMUNICATIONS, MANAGEMENT, COMPUTER SKILLS, CUSTOMER SERVICE, MARKETING, PROPOSAL WRITING, AND NEGOTIATION SKILLS IN 2012, AMIDEAST TAUGHT ENGLISH LANGUAGE AND PROFESSIONAL SKILLS TO MORE THAN 60,000 STUDENTS AND PROFESSIONALS (4) EDUCATIONAL ADVISINGAMIDEAST OFFERS EXPERT, RELIABLE GUIDANCE ON U S STUDY AND TRAINING OPTIONS OUR EDUCATIONAL INFORMATION CENTERS HELP INDIVIDUALS AND INSTITUTIONS SELECT THE RIGHT OPTIONS FOR THEIR SPECIFIC NEEDS AS EDUCATIONUSA SITES, AMIDEAST CENTERS PROVIDE COMPREHENSIVE, ACCURATE, AND IMPARTIAL SUPPORT SOME OF THE RESOURCES AVAILABLE AT AMIDEAST EDUCATIONAL ADVISING CENTERS INCLUDE EXTENSIVE LIBRARIES FOCUSING ON THE U S EDUCATIONAL SYSTEM AND STUDY OPPORTUNITIES, PRESENTATIONS ON THE U S ADMISSIONS PROCESS, SPECIFIC FIELDS OF STUDY, ORIENTATION TO U S LIFE AND STUDY, AND OTHER TOPICS, INDIVIDUAL CONSULTATIONS WITH OUR PROFESSIONAL ADVISING STAFF, SUPPORT FOR EACH STEP OF THE APPLICATION PROCESS, AND ASSISTANCE FOR U S GRADUATES RETURNING HOME IN 2012, AMIDEAST ADVISING CENTERS RECORDED APPROXIMATELY 125,000 VISITS (5) TESTINGAS THE LEADING TEST ADMINISTRATOR IN THE MIDDLE EAST/NORTH AFRICA REGION, AMIDEAST HANDLES REGISTRATION FOR AND SUPERVISION OF EXAMINATIONS FOR HUNDREDS OF THOUSANDS OF STUDENTS AMIDEAST ADMINISTERS MOST COMMONLY REQUIRED U S STANDARDIZED TESTS, INCLUDING THE TOEFL, SAT, GRE, GMAT, TOEFL ITP, AND TOEIC TESTING SERVICES ARE PROVIDED FOR INDIVIDUALS AND A VARIETY OF INSTITUTIONS, FROM MINISTRIES AND UNIVERSITIES TO SMALL BUSINESSES WITH MORE THAN FIFTY YEARS OF EXPERIENCE, AMIDEAST CAN PROVIDE SUPPORT IN ALL AREAS OF TESTING IDENTIFICATION OF APPROPRIATE, RECOGNIZED EXAMS FOR ACADEMIC OR PROFESSIONAL PURPOSES, REGISTRATION SERVICES, TEST ADMINISTRATION AND PROCTORING, QUICK, ACCURATE, AND SECURE SCORING, AND TEST PREPARATION RESOURCES, COURSEWARE, AND CLASSES IN 2012, AMIDEAST ADMINISTERED 156,500 COMPUTER-BASED, PAPER-BASED, AND INTERNET-BASED TESTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 71,163,529

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 45		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. 389		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? EG, LE, JO, TS, MO, SY, YM, KU, AE, SA, IZ, QA, MU, CY, SA, OC If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
13b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the aggregate amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 LINDA DENICOLA CFO
 1730 M STREET NW SUITE 1100
 WASHINGTON, DC 20036
 (202) 776-9699

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,149,906	0	302,514	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 23

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	272,577				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	272,577				
Program Service Revenue	2a	CONTRACT & GRANT REVENUE	900099	53,883,192	53,883,192		
	b	FEES FOR SERVICE	900099	23,112,228	23,112,228		
	c	PRODUCT SALES	900099	180	180		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		76,995,600			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		282,704		282,704	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	5,263,840			
			(ii) Other				
	b	Less cost or other basis and sales expenses	5,123,168	4,014			
c	Gain or (loss)	140,672	-4,014				
d	Net gain or (loss) ▶		136,658		136,658		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE	900099	72,818		72,818		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		72,818				
12	Total revenue. See Instructions ▶		77,760,357	76,995,600	0	492,180	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,978,928	840,098	1,138,830	
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	11,959,501	9,986,330	1,973,171	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	259,490	142,104	117,386	
9	Other employee benefits	2,264,126	1,458,121	806,005	
10	Payroll taxes	1,056,872	658,978	397,894	
11	Fees for services (non-employees)				
a	Management				
b	Legal	202,740	183,868	18,872	
c	Accounting	132,362	36,912	95,450	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	73,134		73,134	
g	Other	6,293,760	6,040,625	253,135	
12	Advertising and promotion	268,871	268,576	295	
13	Office expenses	3,140,068	2,687,227	452,841	
14	Information technology				
15	Royalties				
16	Occupancy	4,681,962	3,858,910	823,052	
17	Travel	1,049,700	926,061	123,639	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	248,963	227,550	21,413	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	832,697	663,218	169,479	
23	Insurance	145,373	5,598	139,775	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PARTICIPANT & STUDENT E	20,115,722	20,104,094	11,628	
b	OTHER PASS THROUGH	17,852,437	17,852,437		
c	SUBCONTRACTS	3,237,271	3,237,271		
d	OTHER EXPENSES	2,338,593	1,985,551	353,042	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	78,132,570	71,163,529	6,969,041	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	677	1	679
	2 Savings and temporary cash investments	7,067,811	2	5,916,669
	3 Pledges and grants receivable, net	152,661	3	92,943
	4 Accounts receivable, net	7,560,785	4	8,219,005
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,167,373	8	1,750,773
	9 Prepaid expenses and deferred charges	1,382,451	9	1,161,423
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	11,419,718		
	b Less accumulated depreciation	9,725,511	10c	1,694,207
	11 Investments—publicly traded securities	8,828,719	11	10,829,065
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,799,030	16	29,664,764	
Liabilities	17 Accounts payable and accrued expenses	6,156,816	17	6,629,811
	18 Grants payable		18	
	19 Deferred revenue	807,703	19	558,784
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,789,402	25	7,833,326
	26 Total liabilities. Add lines 17 through 25	13,753,921	26	15,021,921
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,472,746	27	13,175,364
	28 Temporarily restricted net assets	1,572,363	28	1,467,479
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,045,109	33	14,642,843	
34 Total liabilities and net assets/fund balances	27,799,030	34	29,664,764	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,760,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,132,570
3	Revenue less expenses Subtract line 2 from line 1	3	-372,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,045,109
5	Other changes in net assets or fund balances (explain in Schedule O)	5	969,947
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,642,843

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA-MIDEAST EDUCATIONAL & TRAINING
SERVICES INC

Employer identification number
53-0243270

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 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).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	425,521	451,058	192,014	173,289	272,577	1,514,459
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	425,521	451,058	192,014	173,289	272,577	1,514,459
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)						90,657
6 Public Support. Subtract line 5 from line 4						1,423,802

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	425,521	451,058	192,014	173,289	272,577	1,514,459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	386,658	297,729	237,592	275,853	282,704	1,480,536
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	40,937	57,454	72,298	64,941	72,818	308,448
11 Total support (Add lines 7 through 10)						3,303,443
12 Gross receipts from related activities, etc (See instructions)					12	377,014,861

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	43.100 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	40.810 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

Employer identification number 53-0243270

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	9,742,233	9,800,813	9,135,654	9,138,284	
b Contributions	1,170,900				
c Investment earnings or losses	469,637	-58,580	665,159	644,530	
d Grants or scholarships					
e Other expenditures for facilities and programs				647,160	
f Administrative expenses	335,027				
g End of year balance	11,047,743	9,742,233	9,800,813	9,135,654	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

3a 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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,669,470	2,676,593	992,877
d Equipment				
e Other		7,750,248	7,048,918	701,330
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,694,207

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,760,357
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,132,570
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-372,213
4	Net unrealized gains (losses) on investments	4	969,947
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	969,947
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	597,734

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	78,657,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	969,947
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	969,947
3	Subtract line 2e from line 1	3	77,687,223
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,134
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	73,134
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	77,760,357

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	78,059,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	78,059,436
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,134
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	73,134
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	78,132,570

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD OF DIRECTORS HAS DESIGNATED ENDOWMENT FUNDS FOR FUTURE RESERVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AMIDEAST IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO AMIDEAST'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AMIDEAST HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2012, THEREFORE, NO PROVISION HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. AMIDEAST COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC TOPIC 740-10), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, AMIDEAST MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED AMIDEAST'S TAX POSITIONS AND CONCLUDED THAT AMIDEAST HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, AMIDEAST IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009.

Part IV Foreign Forms

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

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE F, PART IV, LINE 6	THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS. THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

Schedule F (Form 990) 2010

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

Employer identification number

53-0243270

Part I Questions Regarding Compensation

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THE HON THEODORE H KATTOUF	(i) (ii)	281,875 0	0 0	3,810 0	18,430 0	4,542 0	308,657 0	0 0
(2) LINDA DENICOLA	(i) (ii)	158,707 0	14,000 0	717 0	3,122 0	22,163 0	198,709 0	0 0
(3) VINCENT DESOMMA	(i) (ii)	163,413 0	16,000 0	467 0	12,198 0	27,430 0	219,508 0	0 0
(4) LESLIE NUCHO	(i) (ii)	139,106 0	13,000 0	663 0	14,063 0	6,279 0	173,111 0	0 0
(5) JAMES GRABOWSKI	(i) (ii)	142,245 0	18,000 0	705 0	10,358 0	18,883 0	190,191 0	0 0
(6) GREGORY TOUMA	(i) (ii)	127,598 0	5,750 0	60 0	9,504 0	25,691 0	168,603 0	0 0
(7) KATHLEEN ARCHAMBAULT	(i) (ii)	126,546 0	6,250 0	1,146 0	13,197 0	12,190 0	159,329 0	0 0
(8) JOHN SHUMAKER	(i) (ii)	261,470 0	0 0	3,810 0	0 0	17,123 0	282,403 0	0 0
(9) CHRIS SHINN	(i) (ii)	140,708 0	10,000 0	30,181 0	7,981 0	26,221 0	215,091 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE FOLLOWING EMPLOYEES HAVE RECEIVED HOUSING ALLOWANCE, WHICH ARE TAXABLE CHRIS SHINN \$ 30,000

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICA-MIDEAST EDUCATIONAL & TRAINING
SERVICES INC

Employer identification number

53-0243270

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE INSTITUTIONAL MEMBERSHIP PROGRAM, WHICH WAS THE CORE OUTREACH ACTIVITY, ENDED IN FY 2011
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE ORGANIZATION'S CONTROLLER THE FORM 990 WAS NOT PROVIDED TO THE BOARD PRIOR TO FILING, BUT IT IS MADE AVAILABLE UPON REQUEST BEGINNING NEXT YEAR, THE AUDIT COMMITTEE WILL RECEIVE A COPY, PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	AS THE EMPLOYEE HANDBOOK IS UPDATED, STAFF ARE ASKED TO SIGN CERTIFICATIONS, THAT INCLUDE THE CONFLICT OF INTEREST STATEMENT
	FORM 990, PART VI, SECTION B, LINE 15	1 REVIEWED JOB DESCRIPTION TO DETERMINE ACCURACY OF INDIVIDUAL RESPONSIBILITIES AS WELL AS LEVEL OF ORGANIZATIONAL RESPONSIBILITIES, 2 IDENTIFIED BENCHMARK POSITIONS FOR COMPARISON, 3 OBTAINED SALARY DATA FROM A VARIETY OF SOURCES (LOCAL, TYPE OF ORGANIZATION, BUDGET SIZE, ETC), 4 IDENTIFIED APPROPRIATE BENCHMARK SALARIES, 5 SLOTTED THOSE INTO GRADE STRUCTURE, 6 POSITIONED ALL OTHER JOBS IN GRADE STRUCTURE BASED ON IDENTIFIED LEVEL OF RESPONSIBILITY, 7 COMPARED ACTUAL SALARIES TO GRADES AND IDENTIFIED THOSE WHICH NEEDED ADJUSTMENT BECAUSE THEY WERE NOT WITHIN GRADE SPREAD, OR WERE PLACED INCORRECTLY WITHIN GRADE BASED ON LEVEL OF EXPERIENCE AND EDUCATION, 8 RECOMMENDED ADJUSTMENTS, WHICH WERE IMPLEMENTED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 969,947
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Additional Data

Software ID:
Software Version:
EIN: 53-0243270
Name: AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MARY W GRAY CHAIR	20	X		X			0	0	0	
THE HON NICHOLAS VELIOTES VICE CHAIR	20	X		X			0	0	0	
THE HON ROBERT H PELLETREAU TREASURER	20	X		X			0	0	0	
MR RICHARD A ABDOO BOARD MEMBER	20	X					0	0	0	
DR ODEH ABURDENE BOARD MEMBER	20	X					0	0	0	
MR KUTAYBA YUSUF ALGHANIM BOARD MEMBER	20	X					0	0	0	
MS JUDITH BARNETT BOARD MEMBER	20	X					0	0	0	
DR PAUL F BOULOS BOARD MEMBER	20	X					0	0	0	
MR CURTIS W BRAND BOARD MEMBER	20	X					0	0	0	
DR SHERRILL CLELAND BOARD MEMBER	20	X					0	0	0	
THE HON ROBERT S DILLON EMERITUS BOARD MEMBER	20	X					0	0	0	
MR HASAN M EL-KHATIB BOARD MEMBER	20	X					0	0	0	
MR ANTOINE N FREM BOARD MEMBER	20	X					0	0	0	
THE HON EDWARD M GABRIEL BOARD MEMBER	20	X					0	0	0	
MR JAMES Q GRIFFIN BOARD MEMBER	20	X					0	0	0	
MRS DORIS C HALABY BOARD MEMBER	20	X					0	0	0	
DR ALAN W HORTON EMERITUS BOARD MEMBER	20	X					0	0	0	
MRS GHADA IRANI BOARD MEMBER	20	X					0	0	0	
DR PAUL JABBER BOARD MEMBER	20	X					0	0	0	
DR SAMIR KHALAF BOARD MEMBER	20	X					0	0	0	
DR MARY E KING BOARD MEMBER	20	X					0	0	0	
MR D PATRICK MALEY III BOARD MEMBER	20	X					0	0	0	
THE HON WILLIAM A RUGH BOARD MEMBER	20	X					0	0	0	
MR FREDERICK C SEIBOLD JR BOARD MEMBER	20	X					0	0	0	
HE SEN LEILA ABDUL HAMID SHARAF BOARD MEMBER	20	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MOSTAFA TERRAB BOARD MEMBER	20	X						0	0	0
MR JACK T TYMANN BOARD MEMBER	20	X						0	0	0
MS HILLARY WIESNER BOARD MEMBER	20	X						0	0	0
THE HON THEODORE H KATTOUF PRESIDENT & CEO	40 00	X		X				285,685	0	22,972
LINDA DENICOLA VICE PRESIDENT	40 00			X				173,424	0	25,285
VINCENT DESOMMA VICE PRESIDENT	40 00			X				179,880	0	39,628
LESLIE NUCHO VICE PRESIDENT	40 00			X				152,769	0	20,342
JAMES GRABOWSKI VICE PRESIDENT	40 00			X				160,950	0	29,241
GREGORY TOUMA VICE PRESIDENT	40 00			X				133,408	0	35,195
KATHLEEN ARCHAMBAULT VICE PRESIDENT	40 00			X				133,942	0	25,387
KATHERINE WILKENS VICE PRESIDENT	40 00			X				107,183	0	11,999
JOHN SHUMAKER CHIEF OF PARTY	40 00					X		265,280	0	17,123
CHRIS SHINN CHIEF OF PARTY	40 00					X		180,889	0	34,202
DENNIS TURNER DIRECTOR	40 00					X		128,007	0	19,872
JEFFREY MOSSER DIRECTOR	40 00					X		120,072	0	2,760
CHARLES GRIFFIN DIRECTOR	40 00					X		128,417	0	18,508