

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 F Name and address of principal officer THEODORE H KATTOUF 1730 M STREET NW NO 1100 WASHINGTON, DC 20036	D Employer identification number 53-0243270 E Telephone number (202) 776-9699 G Gross receipts \$ 78,446,296 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW AMIDEAST ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1951 M State of legal domicile NY

Part I Summary

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	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	338
6	Total number of volunteers (estimate if necessary)	6	18
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	272,577	1,453,986
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,995,600	72,945,424
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	419,362	446,674
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,818	189,887
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	77,760,357	75,035,971
	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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,518,917	18,919,953
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,613,653	56,125,463
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,132,570	75,045,416	
19 Revenue less expenses Subtract line 18 from line 12	-372,213	-9,445	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	29,664,764	31,829,402
	22 Net assets or fund balances Subtract line 21 from line 20	15,021,921	16,343,677

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	2014-08-07 Date
	THEODORE H KATTOUF CEO/PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01249785
	Firm's name \rightarrow MCGLADREY LLP			Firm's EIN \rightarrow 42-0714325	
	Firm's address \rightarrow 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102			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 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 \$ 67,992,791 including grants of \$) (Revenue \$ 72,945,424)

(1) EXCHANGE PROGRAMS GOVERNMENTS, 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, THIS WAS FOLLOWED IN 2009 WITH THE LAUNCH OF 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, AMIDEAST 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 2013, AMIDEAST SUPPORTED SHORT- AND LONG-TERM SCHOLARSHIP AND EXCHANGE PROGRAMS FOR OVER 1,700 PARTICIPANTS (2) INSTITUTIONAL STRENGTHENING FOR 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 2013, AMIDEAST ADMINISTERED-AS EITHER A PRIME OR SUBCONTRACTOR-NINE INSTITUTIONAL STRENGTHENING PROJECTS IN LEBANON, THE WEST BANK AND GAZA, OMAN, KUWAIT, AND YEMEN (3) TRAINING IN 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 2013, AMIDEAST TAUGHT ENGLISH LANGUAGE AND PROFESSIONAL SKILLS TO MORE THAN 61,000 STUDENTS AND PROFESSIONALS (4) EDUCATIONAL ADVISING AMIDEAST 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 2013, AMIDEAST ADVISING CENTERS RECORDED APPROXIMATELY 144,000 VISITS (5) TESTING AS 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 THE 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 2013, AMIDEAST ADMINISTERED MORE THAN 200,000 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 67,992,791

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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. 1a 25		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 338		
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, securities account, or other financial account)?	Yes	
b	EG, LE, JO, TS, MO, SY, YM, KU, AE, SA, IZ, QA, MU, If "Yes," enter the name of the foreign country: CY, SA, OC. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 as charitable contributions?		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).		
a	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. 7d		
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. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
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. 12b		
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. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
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. 14b		

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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 this 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 Other (explain in Schedule O)
- 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 during the tax year
- 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 (202) 776-9699

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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 _____ 1,022,446					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 431,540					
	g Noncash contributions included in lines 1a-1f \$ _____ 60,900					
	h Total. Add lines 1a-1f ▶		1,453,986			
Program Service Revenue	2a _____ Business Code					
	CONTRACT & GRANT REVENUE	900099	49,532,963	49,532,963		
	b FEES FOR SERVICE	900099	23,412,461	23,412,461		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶		72,945,424				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		414,715		414,715	
	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	3,442,284			
		(ii) Other				
		b Less cost or other basis and sales expenses	3,410,325			
		c Gain or (loss)	31,959			
	d Net gain or (loss) ▶		31,959		31,959	
	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	189,887		189,887		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		189,887				
12 Total revenue. See Instructions ▶		75,035,971	72,945,424	0	636,561	

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)

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.	2,037,923	1,078,230	959,693	
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.	13,274,216	11,047,035	2,227,181	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	246,717	133,412	113,305	
9	Other employee benefits.	2,201,141	1,510,941	690,200	
10	Payroll taxes.	1,159,956	800,548	359,408	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	273,095	177,459	95,636	
c	Accounting.	160,903	65,588	95,315	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	75,001		75,001	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,674,684	5,313,551	361,133	
12	Advertising and promotion.	232,832	232,732	100	
13	Office expenses.	3,508,839	3,004,496	504,343	
14	Information technology.				
15	Royalties.				
16	Occupancy.	4,841,954	4,040,994	800,960	
17	Travel.	1,152,777	1,004,618	148,159	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	318,319	293,791	24,528	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	689,761	489,444	200,317	
23	Insurance.	151,067	9,118	141,949	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PARTICIPANT & STUDENT E	18,188,158	18,187,851	307	
b	OTHER PASS THROUGH	17,170,402	17,170,402		
c	SUBCONTRACTS	2,100,987	2,100,987		
d	OTHER EXPENSES	1,586,684	1,331,594	255,090	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	75,045,416	67,992,791	7,052,625	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	679	1	800
	2 Savings and temporary cash investments	5,916,669	2	6,557,052
	3 Pledges and grants receivable, net	92,943	3	854,489
	4 Accounts receivable, net	8,219,005	4	6,817,473
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,750,773	8	2,020,086
	9 Prepaid expenses and deferred charges	1,161,423	9	1,670,061
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,064,044		
	b Less accumulated depreciation	10b 10,415,273	1,694,207	10c 1,648,771
	11 Investments—publicly traded securities	10,829,065	11	12,260,670
	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)	29,664,764	16	31,829,402	
Liabilities	17 Accounts payable and accrued expenses	6,629,811	17	7,869,044
	18 Grants payable		18	
	19 Deferred revenue	558,784	19	272,814
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	2,600,000
	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	7,833,326	25	5,601,819
	26 Total liabilities. Add lines 17 through 25	15,021,921	26	16,343,677
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,175,364	27	13,161,960
	28 Temporarily restricted net assets	1,467,479	28	2,323,765
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	14,642,843	33	15,485,725	
34 Total liabilities and net assets/fund balances	29,664,764	34	31,829,402	

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	75,035,971
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,045,416
3	Revenue less expenses Subtract line 2 from line 1	3	-9,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,642,843
5	Net unrealized gains (losses) on investments	5	852,327
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,485,725

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
c If "Yes," to line 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	
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	

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 (list any hours for related organizations below dotted line)	(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			
DR MARY GRAY CHAIR	20	X		X				0	0	0
AMB NICHOLAS VELIOTES VICE CHAIR	20	X		X				0	0	0
AMB ROBERT PELLETREAU TREASURER	20	X		X				0	0	0
DR ODEH ABURDENE BOARD MEMBER	20	X						0	0	0
MR KUTAYBA ALGHANIM BOARD MEMBER	20	X						0	0	0
MS JUDITH BARNETT BOARD MEMBER	20	X						0	0	0
MR MONDHER BEN AYED BOARD MEMBER	20	X						0	0	0
DR PAUL BOULOS BOARD MEMBER	20	X						0	0	0
MR CURTIS BRAND BOARD MEMBER	20	X						0	0	0
DR SHERRILL CLELAND BOARD MEMBER	20	X						0	0	0
MR HASAN EL-KHATIB BOARD MEMBER	20	X						0	0	0
MR ANTOINE FREM BOARD MEMBER	20	X						0	0	0
AMB EDWARD GABRIEL BOARD MEMBER	20	X						0	0	0
MR JAMES GRIFFIN 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 MARY KING BOARD MEMBER	20	X						0	0	0
MR PATRICK MALEY III BOARD MEMBER	20	X						0	0	0
AMB WILLIAM RUGH BOARD MEMBER	20	X						0	0	0
MR FREDERICK SEIBOLD JR BOARD MEMBER	20	X						0	0	0
HE SENATOR LEILA SHARAF BOARD MEMBER	20	X						0	0	0
DR MOSTAFA TERRAB BOARD MEMBER	20	X						0	0	0
DR HILLARY WIESNER BOARD MEMBER	20	X						0	0	0
THE HON THEODORE H KATTOUF PRESIDENT & CEO	40 00	X		X				299,868	0	19,800
LINDA DENICOLA VICE PRESIDENT	40 00			X				168,668	0	32,440

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 (list any hours for related organizations below dotted line)	(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				
VINCENT DESOMMA VICE PRESIDENT	40 00			X				174,434	0	36,638	
LESLIE NUCHO VICE PRESIDENT	40 00			X				151,156	0	14,347	
JAMES GRABOWSKI VICE PRESIDENT	40 00			X				153,892	0	26,705	
GREGORY TOUMA VICE PRESIDENT	40 00			X				126,632	0	33,389	
KATHLEEN ARCHAMBAULT VICE PRESIDENT	40 00			X				128,731	0	19,833	
JOHN SHUMAKER DIRECTOR	40 00					X		219,622	0	17,283	
JAMES KETTERER CHIEF OF PARTY	40 00					X		171,020	0	9,314	
CHRIS SHINN CHIEF OF PARTY	40 00					X		158,116	0	29,110	
DAVID HEURING DIRECTOR	40 00					X		133,308	0	18,381	
CHARLES GRIFFIN DIRECTOR	40 00					X		172,645	0	21,002	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	451,058	192,014	173,289	272,577	1,453,986	2,542,924
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	451,058	192,014	173,289	272,577	1,453,986	2,542,924
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)						9,822
6 Public support. Subtract line 5 from line 4						2,533,102

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	451,058	192,014	173,289	272,577	1,453,986	2,542,924
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	297,729	237,592	275,853	282,704	414,715	1,508,593
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	57,454	72,298	64,941	72,818	189,887	457,398
11 Total support (Add lines 7 through 10)						4,508,915
12 Gross receipts from related activities, etc (see instructions)					12	381,706,176
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	56 180 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	43 100 %
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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

2012

Open to Public Inspection

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

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	11,047,743	9,742,233	9,800,813	9,135,654	9,138,284
b Contributions	500,000	1,170,900			
c Net investment earnings, gains, and losses	958,442	469,637	-58,580	665,159	644,530
d Grants or scholarships					
e Other expenditures for facilities and programs					647,160
f Administrative expenses	564,674	335,027			
g End of year balance	11,941,511	11,047,743	9,742,233	9,800,813	9,135,654

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 100 000 %
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	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 XIII 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		3,925,634	3,073,877	851,757
d Equipment				
e Other		8,138,410	7,341,396	797,014
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,648,771

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

1	Total revenue, gains, and other support per audited financial statements	1	75,813,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	852,327
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	852,327
3	Subtract line 2e from line 1	3	74,960,970
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	75,001
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	75,001
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	75,035,971

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

1	Total expenses and losses per audited financial statements	1	74,970,415
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	74,970,415
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	75,001
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	75,001
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	75,045,416

Part XIII Supplemental Information

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

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, LINE 2	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, 2013, 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 2010.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

▶ 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA -	25	441	PROGRAM SERVICE	EDUCATION/TRAINING	31,966,148
3a Sub-total	25	441			31,966,148
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	25	441			31,966,148

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

- 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 idemnification 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <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 Regulations 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)?

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

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

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE FOLLOWING EMPLOYEES HAVE RECEIVED HOUSING ALLOWANCE, WHICH ARE TAXABLE JOHN SHUMAKER \$ 14,664 JAMES KETTERER \$ 19,530 CHRIS SHINN \$ 4,790 DAVID HEURING \$ 16,695 CHARLES GRIFFIN \$ 52,500

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
THE HON THEODORE H KATTOUF	(i) (ii)	286,058 0	10,000 0	3,810 0	15,000 0	4,800 0	319,668 0	0 0
LINDA DENICOLA	(i) (ii)	158,978 0	9,000 0	690 0	10,206 0	22,234 0	201,108 0	0 0
VINCENT DESOMMA	(i) (ii)	164,744 0	9,000 0	690 0	10,515 0	26,123 0	211,072 0	0 0
LESLIE NUCHO	(i) (ii)	140,957 0	9,000 0	1,199 0	8,486 0	5,861 0	165,503 0	0 0
JAMES GRABOWSKI	(i) (ii)	144,211 0	9,000 0	681 0	8,930 0	17,775 0	180,597 0	0 0
GREGORY TOUMA	(i) (ii)	125,483 0	0 0	1,149 0	8,193 0	25,196 0	160,021 0	0 0
JOHN SHUMAKER	(i) (ii)	196,040 0	2,500 0	21,082 0	0 0	17,283 0	236,905 0	0 0
JAMES KETTERER	(i) (ii)	139,874 0	11,200 0	19,946 0	0 0	9,314 0	180,334 0	0 0
CHRIS SHINN	(i) (ii)	148,036 0	5,000 0	5,080 0	6,935 0	22,175 0	187,226 0	0 0
DAVID HEURING	(i) (ii)	110,194 0	5,000 0	18,114 0	6,692 0	11,689 0	151,689 0	0 0
CHARLES GRIFFIN	(i) (ii)	117,541 0	0 0	55,104 0	3,084 0	17,918 0	193,647 0	0 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
53-0243270

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		60,900	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
-----------	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

Open to Public Inspection

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

Employer identification number

53-0243270

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	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 BANDS, 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
	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