

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

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

C Name of organization AMIDEAST, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number 53-0243270, E Telephone number (202) 776-9699, G Gross receipts \$ 56,524,401

F Name and address of principal officer: JAMES GRABOWSKI, 2025 M STREET NW 600, WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, 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

Table with 3 columns: Description, Prior Year, Current Year. Rows include 1-22 covering mission, revenue, expenses, and net assets.

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.

Sign Here. Signature of officer: DEBBY BLAZQUEZ CFO, Date: 2023-08-15

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO CREATE HOPE, OPPORTUNITY, AND MUTUAL UNDERSTANDING AMONG PEOPLE IN THE MIDDLE EAST, NORTH AFRICA, AND THE UNITED STATES THROUGH LIFE-CHANGING OPPORTUNITIES FOR EDUCATION AND CULTURAL EXCHANGES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 15,532,506 including grants of \$ 744,156) (Revenue \$ 23,476,273)

EXCHANGE PROGRAMS: GOVERNMENTS, DONOR AGENCIES, EDUCATIONAL INSTITUTIONS, AND CORPORATIONS TURN TO AMIDEAST FOR ASSISTANCE IN MANAGING SCHOLARSHIPS 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 APPLICATIONS, FINANCING, 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. IN 2022, APPROXIMATELY 659 STUDENTS STUDIED IN THE U.S. WITH SUPPORT FROM AMIDEAST.

4b (Code:) (Expenses \$ 9,619,307 including grants of \$) (Revenue \$ 9,228,293)

ENGLISH LANGUAGE: 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 OFFERING ENGLISH FOR YOUNG LEARNERS AND TEENS, GENERAL ENGLISH, AND ENGLISH FOR BUSINESS PURPOSES FOR ADULTS, AND TEST PREPARATION COURSES FOR STANDARDIZED ENGLISH LANGUAGE EXAMS, 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. SINCE 2004, AMIDEAST HAS BEEN AN IMPLEMENTING PARTNER FOR THE U.S. DEPARTMENT OF STATE-FUNDED ENGLISH ACCESS MICROSCHOLARSHIP PROGRAM, THROUGH WHICH 40,000 DISADVANTAGED YOUTH HAVE BENEFITED FROM TWO YEARS OF ENGLISH LANGUAGE TRAINING, PROVIDING THEM WITH SKILLS THAT EXPAND THEIR FUTURE EDUCATIONAL AND PROFESSIONAL OPPORTUNITIES. AMIDEAST DELIVERS ENGLISH LANGUAGE TRAINING IN PERSON, ONLINE, AND ON A HYBRID MODEL AS APPROPRIATE TO MEET THE RESPECTIVE NEEDS, CONSTRAINTS, AND OPPORTUNITIES OF EACH PROGRAM. IN 2022, ENROLLMENT IN AMIDEAST ENGLISH LANGUAGE PROGRAMS REACHED APPROXIMATELY 28,670.

4c (Code:) (Expenses \$ 6,269,077 including grants of \$) (Revenue \$ 6,580,304)

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, 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 2022, AMIDEAST ADMINISTERED 140,000 COMPUTER-BASED, PAPER-BASED, AND INTERNET-BASED TESTS.

(Code:) (Expenses \$ 4,736,055 including grants of \$) (Revenue \$ 5,052,455)

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 EMPLOYABILITY SKILLS, PROJECT MANAGEMENT, ENTREPRENEURSHIP, AND BASIC BUSINESS SKILLS. AMIDEAST'S SIGNATURE SKILLS FOR SUCCESS?? PROGRAM ADDRESSES SKILL GAPS SUCH AS ENGLISH LANGUAGE AND IT SKILLS AS WELL AS ESSENTIAL WORKPLACE SKILLS, ENABLING PARTICIPATING YOUTH TO BECOME MORE COMPETITIVE IN THE JOB MARKET. AMIDEAST ALSO OPERATES SKILLS CENTERS THROUGHOUT MOROCCO IN PARTNERSHIP WITH A MAJOR FOUNDATION THERE. AMIDEAST DELIVERS ITS TRAINING PROGRAMS IN PERSON, ONLINE, AND ON A BLENDED MODEL AS APPROPRIATE TO MEET THE RESPECTIVE NEEDS, CONSTRAINTS, AND OPPORTUNITIES OF EACH PROGRAM. IN 2022, OVER 6,600 MEN AND WOMEN BENEFITED FROM AMIDEAST'S TRAINING PROGRAMS.

(Code:) (Expenses \$ 2,322,949 including grants of \$) (Revenue \$ 2,318,776)

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. AMIDEAST EDUCATIONUSA ADVISERS PROVIDE COMPREHENSIVE ACCURATE, AND IMPARTIAL SUPPORT TO STUDENTS IN MOROCCO, TUNISIA, EGYPT, LEBANON, YEMEN, WEST BANK/GAZA AND LIBYA. SOME OF THE RESOURCES AVAILABLE AT AMIDEAST EDUCATIONUSA 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. CENTERS ALSO WORK WITH GROUPS OF WELL-QUALIFIED BUT FINANCIALLY DISADVANTAGED STUDENTS TO HELP THEM GAIN UNIVERSITY ADMISSION AND SCHOLARSHIPS. IN 2022, AMIDEAST EDUCATIONUSA CENTERS PROVIDED INFORMATION AND GUIDANCE TO 100,000 CONTACTS THROUGH IN-PERSON AND VIRTUAL EVENTS AND ACTIVITIES.

(Code:) (Expenses \$ 2,088,772 including grants of \$) (Revenue \$ 1,591,868)

EDUCATION ABROAD: AMIDEAST IMPLEMENTS ACCREDITED UNDERGRADUATE SEMESTER AND SUMMER EDUCATION ABROAD PROGRAMS. IN 2022, THESE PROGRAMS WERE ADMINISTERED IN JORDAN, MOROCCO AND TUNISIA. IN ADDITION, AMIDEAST HOSTS PRE-COLLEGE STUDENTS FOR SUMMER AND ACADEMIC YEAR PROGRAMS THROUGH THE NATIONAL STRATEGIC LANGUAGE INITIATIVE FOR YOUTH AND THE KENNEDY-LUGAR YOUTH EXCHANGE AND STUDY PROGRAM, BOTH SPONSORED BY THE U.S. DEPARTMENT OF STATE. 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, AND BE CONDUCTED ONSITE, VIRTUALLY, OR ON A HYBRID MODEL. 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 2022, AMIDEAST SUPPORTED VIRTUAL AND ONSITE EDUCATION ABROAD PROGRAMS FOR 173 STUDENTS.

(Code:) (Expenses \$ 57,841 including grants of \$) (Revenue \$ 54,199)

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 IMPROVED THE QUALITY OF TEACHING AND LEARNING AT K-12 AND HIGHER EDUCATION INSTITUTIONS, EMPOWERED YOUTH TO PLAY ACTIVE AND PRODUCTIVE ROLES IN THEIR COMMUNITIES, 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 2022, AMIDEAST ADMINISTERED ONE INSTITUTIONAL STRENGTHENING PROGRAM IN YEMEN

4d Other program services (Describe in Schedule O.) (Expenses \$ 9,205,617 including grants of \$) (Revenue \$ 9,017,298)

4e Total program service expenses 40,626,507

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing Schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	175			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a		No		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b				
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)?	4a	Yes			
b If "Yes," enter the name of the foreign country: ▶ EG, LE, JO, TS, MO, KU, AE, SA, IZ, YM, OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
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? . . .	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
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?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a 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				
b 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				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16 If the organization is a trust and files Form 970, Schedule E, is the organization subject to the section 4968 excise tax on net investment income?	16		No		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17				

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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

Table with 2 columns: Question, Answer. Rows include: 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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, address, and telephone number of the person who possesses the organization's books and records: DEBBY BLAZQUEZ CFO 2025 M STREET NW 600 WASHINGTON, DC 20036 (202) 776-9699

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) FORMER AMB DEBORAH K JONES BOARD CHAIR	5.00	X		X				0	0	0
(2) MR ANTOINE N FREM VICE CHAIR	4.00	X		X				0	0	0
(3) DR ODEH ABURDENE TREASURER	6.00	X		X				0	0	0
(4) MS DENA EL-KHATIB SECRETARY	0.10	X		X				0	0	0
(5) MR HISHAM ABU ISSA BOARD MEMBER	0.10	X						0	0	0
(6) MR AMJAD AHMAD BOARD MEMBER	0.80	X						0	0	0
(7) SIR KUTAYBA YUSUF ALGHANIM BOARD MEMBER	0.10	X						0	0	0
(8) DR MONDHER BEN AYED BOARD MEMBER	0.10	X						0	0	0
(9) MR HISHAM FAHMY BOARD MEMBER	0.10	X						0	0	0
(10) FORMER AMB GORDON GRAY BOARD MEMBER	0.50	X						0	0	0
(11) DR MARY W GRAY BOARD MEMBER	0.10	X						0	0	0
(12) DR PAUL JABBER BOARD MEMBER	0.80	X						0	0	0
(13) PROF SAFWAN MASRI BOARD MEMBER	0.50	X						0	0	0
(14) MR JONATHAN MCKAY BOARD MEMBER	0.60	X						0	0	0
(15) MS MONA OSWALD BOARD MEMBER	0.10	X						0	0	0
(16) FORMER AMB MICHAEL PELLETIER BOARD MEMBER	0.20	X						0	0	0
(17) MS ERICA PELLETREAU BOARD MEMBER	0.10	X						0	0	0

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) FORMER AMB WILLIAM A RUGH BOARD MEMBER	0.50	X						0	0	0
(19) DR HANINE SALEM BOARD MEMBER	0.10	X						0	0	0
(20) DR MOSTAFA TERRAB BOARD MEMBER	0.10	X						0	0	0
(21) FORMER AMB NICHOLAS VELIOTES BOARD MEMBER	0.10	X						0	0	0
(22) MS KATHARINE CUSHING BOARD MEMBER (THRU 9/22)	0.40	X						0	0	0
(23) FORMER AMB EDWARD M GABRIEL BOARD MEMBER (THRU 9/22)	1.20	X						0	0	0
(24) DR HILLARY WIESNER BOARD MEMBER (THRU 9/22)	0.20	X						0	0	0
(25) FORMER AMB THEODORE H KATTOUF PRESIDENT & CEO	40.00	X		X				358,436	0	18,899
(26) DEBBY BLAZQUEZ CFO	40.00			X				228,930	0	42,885
(27) VINCENT DESOMMA VP BUSINESS DEVELOPMENT	40.00			X				227,540	0	15,226
(28) JAMES T GRABOWSKI VP FIELD OPS	40.00			X				184,522	0	37,144
(29) LESLIE S NUCHO VP PROGRAMS	40.00			X				187,522	0	34,415
(30) CHRISTOPHER POWERS VP EXCHANGE PROGRAMS	40.00			X				243,846	0	7,321
(31) GREGORY T TOUMA VP ADMINISTRATION	40.00			X				154,690	0	22,799
(32) NUHA ALKHATIB DIRECTOR, INFORMATION TECHNOLOGY	40.00					X		143,823	0	35,400
(33) NADIA CHERROUK DIRECTOR, REGIONAL WORKFOR	40.00					X		170,271	0	36,511
(34) RULA DAJANI COUNTRY DIRECTOR	40.00					X		234,719	0	14,158
(35) QUINCY M DERMODY CHIEF OF PARTY	40.00					X		184,390	0	64,699
(36) CHRIS R SHINN COUNTRY DIRECTOR	40.00					X		161,774	0	44,576
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,480,463	0	374,033

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 **▶ 26**

	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

Check if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)			1,162,973	
f All other contributions, gifts, grants, and similar amounts not included above			863,386	
g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f				2,026,359

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
2a CONTRACT/GRANT REVENUE		900099	35,863,398	35,863,398		
b FEES FOR SERVICE		900099	12,154,649	12,154,649		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			48,018,047			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		289,856			289,856	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	5,906,018				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	5,408,582				
		7c Gain or (loss)	497,436				
	d Net gain or (loss)		497,436				497,436
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	900099		284,121	284,121			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			284,121				
12 Total revenue. See instructions			51,115,819	48,302,168	0	787,292	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	744,156	744,156		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,287,988		2,287,988	
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	10,482,395	7,003,207	3,479,188	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	299,196	145,025	154,171	
9 Other employee benefits	3,362,464	1,906,373	1,456,091	
10 Payroll taxes	1,035,436	567,828	467,608	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	100,424		100,424	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,202,727	3,543,961	658,766	
12 Advertising and promotion				
13 Office expenses	1,177,309	986,266	191,043	
14 Information technology	845,300	822,641	22,659	
15 Royalties				
16 Occupancy	4,458,743	3,960,779	497,964	
17 Travel	525,764	333,253	192,511	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	166,120	138,257	27,863	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	433,958	403,975	29,983	
23 Insurance				
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 AND STUDENT	16,938,498	16,938,498	0	
b OTHER PASS THROUGH	2,278,211	2,268,657	9,554	
c TELECOMMUNICATIONS	382,694	153,605	229,089	
d PRINTING POSTAGE AND DE	195,434	113,110	82,324	
e All other expenses	1,823,084	596,916	1,226,168	
25 Total functional expenses. Add lines 1 through 24e	51,739,901	40,626,507	11,113,394	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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,000	1	1,660
	2 Savings and temporary cash investments	10,672,889	2	6,571,861
	3 Pledges and grants receivable, net	90,000	3	15,000
	4 Accounts receivable, net	7,771,092	4	8,094,433
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	687,584	8	618,752
	9 Prepaid expenses and deferred charges	1,431,968	9	894,020
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,736,982		
	b Less: accumulated depreciation	10b 3,138,663	3,026,434	10c 3,598,319
	11 Investments—publicly traded securities	12,761,073	11	11,787,429
	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	0	15	11,386,280
16 Total assets: Add lines 1 through 15 (must equal line 33)	36,442,040	16	42,967,754	
Liabilities	17 Accounts payable and accrued expenses	9,277,939	17	8,974,761
	18 Grants payable		18	
	19 Deferred revenue	5,682,204	19	4,751,598
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,172,000	23	4,990,378
	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	1,356,252	25	11,688,112
	26 Total liabilities. Add lines 17 through 25	20,488,395	26	30,404,849
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,061,750	27	10,782,269
	28 Net assets with donor restrictions	1,891,895	28	1,780,636
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,953,645	32	12,562,905
33 Total liabilities and net assets/fund balances	36,442,040	33	42,967,754	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,115,819
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,739,901
3	Revenue less expenses. Subtract line 2 from line 1	3	-624,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,953,645
5	Net unrealized gains (losses) on investments	5	-2,766,658
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 32, column (A))	10	12,562,905

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on 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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
AMIDEAST

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (81.980%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (83.700%); 16a 33 1/3% support test-2021; b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 42,208. 2018 AMOUNT: \$ 30,489. 2019 AMOUNT: \$ 19,528. 2020 AMOUNT: \$ 38,895. 2021 AMOUNT: \$ 284,121.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization AMIDEAST

Employer identification number

53-0243270

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include whether organization elected to report in revenue statement and balance sheet works of art, historical treasures, or other similar assets.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		1,264,843	1,333,061	844,665	844,665
b Contributions				561,146	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		1,264,843	68,218	72,750	
f Administrative expenses					
g End of year balance			1,264,843	1,333,061	844,665

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on 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) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,180,785	153,664	2,027,121
c Leasehold improvements		2,816,797	1,919,647	897,150
d Equipment				
e Other		1,739,400	1,065,352	674,048
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,598,319

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	11,386,280
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,386,280

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	11,688,112

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	48,315,150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,766,658	
b	Donated services and use of facilities	2b	66,413	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-2,700,245	
3	Subtract line 2e from line 1	3	51,015,395	
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	100,424	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	100,424	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	51,115,819	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	51,705,890
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	66,413	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	66,413	
3	Subtract line 2e from line 1	3	51,639,477	
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	100,424	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	100,424	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	51,739,901	

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART V, LINE 4:	ARAB HERITAGE FUND HELPS SUPPORT AND EXPAND AMIDEAST'S ACTIVITIES IN PROVIDING QUALITY EDUCATIONAL RESOURCES AND PROGRAMS ABOUT THE MIDDLE EAST AND NORTH AFRICA TO U.S. TEACHERS AND STUDENTS, INCLUDING NEED-BASED SCHOLARSHIPS FOR STUDENTS ENROLLED IN AMIDEAST'S EDUCATION ABROAD PROGRAMS IN THE ARAB WORLD.
PART X, LINE 2:	AMIDEAST FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, 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 HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Additional Data

Return to Form

Software ID:
Software Version:

2021

Open to Public Inspection

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMIDEAST

Employer identification number

53-0243270

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other 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 its grants and other assistance 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		744,156
(2) MIDDLE EAST AND NORTH AFRICA	33	403	PROGRAM SERVICE	EDUCATION/TRAINING	31,992,385
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	33	403			32,736,541
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	33	403			32,736,541

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) NON-TAXABLE MAINTENANCE	MIDDLE EAST AND NORTH AFRICA	8	23,142	WIRE/ACH			
(2) TRAVEL FO	MIDDLE EAST AND NORTH AFRICA	10	26,064	WIRE/ACH			
(3) TRAVEL	MIDDLE EAST AND NORTH AFRICA	22	60,232	WIRE/ACH			
(4) LOCAL TRANSPORTATION	MIDDLE EAST AND NORTH AFRICA	1	38	WIRE/ACH			
(5) FIELD TRIP/CONF ALLOW	MIDDLE EAST AND NORTH AFRICA	1	249	WIRE/ACH			
(6) SETTLING IN	MIDDLE EAST AND NORTH AFRICA	11	29,500	WIRE/ACH			
(7) RENT/UTILITIES	MIDDLE EAST AND NORTH AFRICA	32	85,906	WIRE/ACH			
(8) INSURANCE	MIDDLE EAST AND NORTH AFRICA	24	65,853	WIRE/ACH			
(9) MISCELLANEOUS	MIDDLE EAST AND NORTH AFRICA	1	1,356	WIRE/ACH			
(10) APPLICATION/VISA FEES	MIDDLE EAST AND NORTH AFRICA	6	15,909	WIRE/ACH			
(11) TEST & TRANSCRIPT FEES	MIDDLE EAST AND NORTH AFRICA	4	10,320	WIRE/ACH			
(12) TUITION AND FEES	MIDDLE EAST AND NORTH AFRICA	94	257,462	WIRE/ACH			
(13) BOOK ALLOWANCE	MIDDLE EAST AND NORTH AFRICA	10	26,946	WIRE/ACH			
(14) EQUIPMENT ALLOWANCE	MIDDLE EAST AND NORTH AFRICA	5	12,363	WIRE/ACH			
(15) MEDICAL EXPENSES	MIDDLE EAST AND NORTH AFRICA	1	852	WIRE/ACH			
(16) MAINTENANCE	MIDDLE EAST AND NORTH AFRICA	34	91,867	WIRE/ACH			
(17) INCOME TAX EXP	MIDDLE EAST AND NORTH AFRICA	13	36,097	WIRE/ACH			
(18)							

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 separately 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; don't file with Form 990)* 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	WE MONITOR OUR GRANTEES THROUGH BOTH FORMAL AND INFORMAL MEANS, STARTING WITH PRE-DEPARTURE ORIENTATIONS AND CONTINUING UNTIL THE PROGRAM CONCLUDES. STUDENTS SUBMIT REPORTS AND TRANSCRIPTS, AND STAFF CONDUCT REGULAR CHECK-INS THROUGH EMAIL, PHONE, AND VIDEO COMMUNICATIONS. AS NECESSARY, WE ARE ALSO IN COMMUNICATIONS WITH STUDENT ADVISERS WHO OFFER FURTHER INSIGHT ON THE STUDENTS.
PART I, LINE 3:	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMIDEAST

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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," on line 5a or 5b, describe in Part III.

6 For persons listed on 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," on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FORMER AMB THEODORE H KATTOUF PRESIDENT & CEO	(i)	349,783	0	8,653	17,400	1,499	377,335	0
	(ii)	0	0	0	0	0	0	0
2 DEBBY BLAZQUEZ CFO	(i)	219,658	6,500	2,772	13,505	29,380	271,815	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER POWERS VP EXCHANGE PROGRAMS	(i)	144,954	0	98,892	3,698	3,623	251,167	0
	(ii)	0	0	0	0	0	0	0
4 QUINCY M DERMODY CHIEF OF PARTY	(i)	101,155	0	83,235	7,915	56,784	249,089	0
	(ii)	0	0	0	0	0	0	0
5 RULA DAJANI COUNTRY DIRECTOR	(i)	126,844	0	107,875	1,208	12,950	248,877	0
	(ii)	0	0	0	0	0	0	0
6 VINCENT DESOMMA VP BUSINESS DEVELOPMENT	(i)	225,734	0	1,806	13,544	1,682	242,766	0
	(ii)	0	0	0	0	0	0	0
7 LESLIE S NUCHO VP PROGRAMS	(i)	184,936	0	2,586	11,287	23,128	221,937	0
	(ii)	0	0	0	0	0	0	0
8 JAMES T GRABOWSKI VP FIELD OPS	(i)	181,936	0	2,586	11,287	25,857	221,666	0
	(ii)	0	0	0	0	0	0	0
9 NADIA CHERROUK DIRECTOR, REGIONAL WORKFOR	(i)	144,719	0	25,552	0	36,511	206,782	0
	(ii)	0	0	0	0	0	0	0
10 CHRIS R SHINN COUNTRY DIRECTOR	(i)	137,554	0	24,220	8,469	36,107	206,350	0
	(ii)	0	0	0	0	0	0	0
11 NUHA ALKHATIB DIRECTOR, INFORMATION TECHNOLOGY	(i)	143,529	0	294	8,847	26,553	179,223	0
	(ii)	0	0	0	0	0	0	0
12 GREGORY T TOUMA VP ADMINISTRATION	(i)	145,382	5,500	3,808	8,981	13,818	177,489	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING EMPLOYEES HAVE RECEIVED HOUSING ALLOWANCE, WHICH ARE TAXABLE. DAJANI, RULA 40,836.80 CHERROUK, NADIA 24,862.02 SHINN, CHRIS 23,574.92 DERMODY, QUINCY 20,569.90

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)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 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
AMIDEAST**Employer identification number**

53-0243270

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE ORGANIZATION'S CONTROLLER AND CFO. THE FORM 990 IS REVIEWED BY THE AUDIT AND RISK COMMITTEE PRIOR TO FILING THE RETURN. THE EXECUTIVE COMMITTEE DELEGATES AUTHORITY FOR THE 990 REVIEW TO THIS COMMITTEE. PRIOR TO FILING, THE 990 IS POSTED ON THE BOARD WEBSITE FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD AND OFFICERS ARE REQUIRED ANNUALLY TO SIGN THE CONFLICT OF INTEREST POLICY AND RETURN IT TO THE CEO'S ASSISTANT. A. THE BOARD AND OFFICERS SIGN THE CERTIFICATIONS ANNUALLY. B. NEW HIRES MUST SIGN AN ACKNOWLEDGEMENT OF THE CONFLICT-OF-INTEREST POLICY WHICH IS PART OF THE EMPLOYEE HANDBOOK. C. AMIDEAST HAS STANDARD PROCESS AND TOOLS FOR WHISTLEBLOWERS TO REPORT VIOLATIONS OF THE CONFLICT-OF-INTEREST POLICY AND OTHER UNETHICAL BEHAVIORS. THIS INCLUDES REPORTING THROUGH THE ETHICS HOTLINE (ANONYMOUSLY) AND THE CHAIN OF COMMAND. ALL ETHICAL VIOLATIONS ARE INVESTIGATED BY HR AND APPROPRIATE ACTIONS ARE TAKEN.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE 1. DETERMINES THE RATE OF COMPENSATION FOR THE CEO AND OFFICERS (AS PROVIDED BY THE BYLAWS). 2. REVIEWS JOB DESCRIPTIONS TO DETERMINE ACCURACY OF INDIVIDUAL RESPONSIBILITIES AS WELL AS LEVEL OF ORGANIZATIONAL RESPONSIBILITIES. 3. IDENTIFIES BENCHMARK POSITIONS FOR COMPARISON. 4. OBTAINES SALARY DATA FROM A VARIETY OF SOURCES (SIMILAR TYPES OF ORGANIZATIONS WITH SIMILAR BUDGET SIZE, SALARY SURVEYS, ETC.). 5. IDENTIFIES APPROPRIATE BENCHMARK SALARIES. 6. BOARD MEMBERS DON'T RECEIVE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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