

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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

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

Form 990 Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning 10-01-2023, and ending 09-30-2024

Form 990 header section containing organization name (AMIDEAST), address (2025 M STREET NW 600, WASHINGTON, DC 20036), EIN (53-0243270), and principal officer (GRETA HOLTZ).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown (Total: 50,581,579), and expense breakdown (Total: 50,495,347).

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.

Signature block form with fields for officer signature (DEBBY BLAZQUEZ), date (2025-08-11), and preparer information (RSM US LLP).

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [] 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 \$ 18,585,870 including grants of \$ 50,133) (Revenue \$ 22,425,531)

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 2024, APPROXIMATELY 585 STUDENTS STUDIED IN THE U.S. WITH SUPPORT FROM AMIDEAST.

4b (Code:) (Expenses \$ 7,093,193 including grants of \$) (Revenue \$ 8,801,241)

ENGLISH LANGUAGE: AMIDEAST IS AMONG THE LARGEST PROVIDERS OF ENGLISH LANGUAGE TRAINING IN THE MIDDLE EAST AND NORTH AFRICA (MENA). 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 DELIVERS ENGLISH FOR SPECIAL PURPOSE PROGRAMS TO MEET THE SPECIALIZED REQUIREMENTS OF PUBLIC AND PRIVATE SECTOR ENTITIES, INCLUDING NATIONAL MINISTRIES, INTERNATIONAL AND NONGOVERNMENTAL ORGANIZATIONS, AND BUSINESSES. AMIDEAST COMBINES ITS EXPERIENCE IN LANGUAGE TRAINING AND INSTITUTIONAL CAPACITY BUILDING TO HELP GOVERNMENT MINISTRIES, PUBLIC AGENCIES, AND EDUCATIONAL INSTITUTIONS DEVELOP AND IMPROVE THEIR OWN ENGLISH LANGUAGE TRAINING PROGRAMS. BEGINNING IN 2022, AS A SUB AWARDEE ON USAID'S BRIDGE TO MIDDLE SCHOOL PROGRAM, AMIDEAST SUPPORTED MOROCCO'S MINISTRY OF EDUCATION TO DEVELOP NEW ENGLISH LANGUAGE CURRICULA FOR THE NATION'S PUBLIC MIDDLE SCHOOLS AND PROVIDED THE CAPACITY STRENGTHENING NEEDED FOR EFFECTIVE IMPLEMENTATION. THROUGHOUT 2024, OVER 200 MINISTRY STAKEHOLDERS, HUNDREDS OF ENGLISH TEACHERS, AND UPWARDS OF 40,000 STUDENTS BENEFITTED FROM INNOVATIVE TEACHING AND LEARNING MATERIALS, TRAINING, AND MENTORING. AMIDEAST ALSO CONTINUES TO PROVIDE ITS ACCREDITED PROFESSIONAL CERTIFICATE IN ENGLISH LANGUAGE TEACHING (PCEL) FOR TEACHERS THROUGHOUT THE MENA REGION. IN 2024, 115 EDUCATORS FROM KUWAIT, LIBYA, JORDAN, WEST BANK, TUNISIA, AND LEBANON GRADUATED FROM THE PROGRAM. SINCE 2004, AMIDEAST HAS BEEN AN IMPLEMENTING PARTNER FOR THE U.S. DEPARTMENT OF STATE-FUNDED ENGLISH ACCESS PROGRAM, THROUGH WHICH 40,000 DISADVANTAGED YOUTH OVER TWO DECADES HAVE BENEFITTED FROM TWO YEARS OF ENGLISH LANGUAGE TRAINING AND DEVELOPED OTHER SKILLS THAT EXPAND THEIR FUTURE EDUCATIONAL AND PROFESSIONAL OPPORTUNITIES. AMIDEAST DELIVERS ENGLISH LANGUAGE TRAINING IN PERSON, ONLINE, AND IN A BLENDED FORMAT TO MEET THE RESPECTIVE NEEDS, CONSTRAINTS, AND OPPORTUNITIES OF EACH PROGRAM. IN 2024, ENROLLMENT IN AMIDEAST ENGLISH LANGUAGE AND TEST PREPARATION PROGRAMS REACHED APPROXIMATELY 30,000.

4c (Code:) (Expenses \$ 5,132,852 including grants of \$) (Revenue \$ 6,671,314)

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 MOST 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 2024, AMIDEAST ADMINISTERED APPROXIMATELY 140,993 COMPUTER-BASED, PAPER-BASED, AND INTERNET-BASED TESTS.

(Code:) (Expenses \$ 3,990,642 including grants of \$) (Revenue \$ 5,213,181)

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, STEM, 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 DIVERSE NEEDS, CONSTRAINTS, AND OPPORTUNITIES. IN 2024, OVER 5,600 INDIVIDUALS, INCLUDING YOUTH, BENEFITTED FROM AMIDEAST'S TRAINING PROGRAMS.

(Code:) (Expenses \$ 1,884,491 including grants of \$) (Revenue \$ 2,054,592)

EDUCATION ABROAD: AMIDEAST IMPLEMENTS UNDERGRADUATE SEMESTER AND SUMMER EDUCATION ABROAD PROGRAMS. IN 2024, THESE PROGRAMS WERE ADMINISTERED IN JORDAN, MOROCCO, TUNISIA, AND THE UAE. IN ADDITION, AMIDEAST HOSTS PRE-COLLEGE STUDENTS FOR SUMMER AND ACADEMIC YEAR PROGRAMS THROUGH THE NATIONAL SECURITY LANGUAGE INITIATIVE FOR YOUTH AND THE KENNEDY-LUGAR YOUTH EXCHANGE AND STUDY ABROAD 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, 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 PROVIDES ARE PREDEPARTURE AND ARRIVAL ORIENTATIONS; ACADEMIC COURSES AND LECTURES; MEMORABLE CULTURAL EXPERIENCES; ARABIC LANGUAGE INSTRUCTION; EXCURSIONS, COMMUNITY-BASED WORKSITE PLACEMENTS, AND PROFESSIONAL MEETINGS; AND HOUSING, INCLUDING HOMESTAYS. IN 2024, AMIDEAST SUPPORTED EDUCATION ABROAD PROGRAMS FOR 210 STUDENTS.

(Code:) (Expenses \$ 1,726,396 including grants of \$) (Revenue \$ 2,109,899)

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 2024, AMIDEAST EDUCATIONUSA CENTERS PROVIDED INFORMATION AND GUIDANCE TO APPROXIMATELY 100,000 CONTACTS THROUGH IN-PERSON AND VIRTUAL EVENTS AND ACTIVITIES.

(Code:) (Expenses \$ 169,597 including grants of \$) (Revenue \$ 207,823)

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, IMPROVED OPERATIONAL AND PROGRAM MANAGEMENT CAPACITY AT LOCAL NGOS, AND INCREASED THE PARTICIPATION OF CIVIL SOCIETY ORGANIZATIONS IN PUBLIC DISCOURSE. IN 2024, AMIDEAST CONCLUDED A MULTI-YEAR INSTITUTIONAL STRENGTHENING PROJECT IN YEMEN AND BEGAN A PROJECT TO STRENGTHEN INDEPENDENT PALESTINIAN MEDIA ORGANIZATIONS IN THE WEST BANK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,771,126 including grants of \$) (Revenue \$ 9,585,495)

4e Total program service expenses 38,583,042

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

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 backup withholding rules.

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No/Amount columns. Includes instructions for filing requirements for FinCEN Form 114 and Form 720.

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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			
(1) FORMER AMB GRETA C HOLTZ PRESIDENT & CEO (AS OF 8/23)	40.00	X		X			116,677	0	756
(2) FORMER AMB DEBORAH K JONES BOARD CHAIR	2.70	X		X			0	0	0
(3) MR ANTOINE N FREM VICE CHAIR	0.80	X		X			0	0	0
(4) DR ODEH ABURDENE TREASURER	0.70	X		X			0	0	0
(5) MR HUSSAM 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) MS DENA EL-KHATIB BOARD MEMBER	0.10	X					0	0	0
(10) MR HISHAM FAHMY BOARD MEMBER	0.10	X					0	0	0
(11) FORMER AMB GORDON GRAY BOARD MEMBER	0.80	X					0	0	0
(12) DR MARY W GRAY BOARD MEMBER	0.10	X					0	0	0
(13) PROF SAFWAN MASRI BOARD MEMBER	0.10	X					0	0	0
(14) MR JONATHAN MCKAY BOARD MEMBER	0.50	X					0	0	0
(15) MS MONA OSWALD BOARD MEMBER	0.20	X					0	0	0
(16) MS ERICA PELLETREAU BOARD MEMBER	0.60	X					0	0	0
(17) FORMER AMB MICHAEL PELLETIER BOARD MEMBER	0.30	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			
(18) FORMER AMB WILLIAM A RUGH BOARD MEMBER	0.10	X					0	0	0
(19) DR HANINE SALEM BOARD MEMBER	0.50	X					0	0	0
(20) DEBBY BLAZQUEZ CFO	40.00			X			248,589	0	40,328
(21) VINCENT DESOMMA VP, BUSINESS DEVELOPMENT	40.00			X			235,805	0	45,440
(22) JAMES T GRABOWSKI VP, FIELD OPERATIONS	40.00			X			218,486	0	42,072
(23) LESLIE S NUCHO VP, PROGRAMS	40.00			X			212,000	0	40,433
(24) QUINCY M DERMODY REGIONAL DIRECTOR	40.00				X		215,623	0	50,196
(25) CHRIS R SHINN COUNTRY DIRECTOR	40.00				X		172,827	0	50,249
(26) DONALD SCHMIDT COUNTRY DIRECTOR	40.00				X		177,403	0	10,835
(27) JENNIFER SMITH REGIONAL DIR, WORKFORCE DEVELOPMENT	40.00					X	191,374	0	23,663
(28) JOSEPHINE KENNEDY SR. DIRECTOR, EXCHANGE PROGRAMS	40.00					X	169,118	0	38,794
(29) NUHA ALKHATIB DIRECTOR, INFORMATION TECH	40.00					X	157,828	0	40,923
(30) ELISA ZLOTOWITZ HR DIRECTOR	40.00					X	159,517	0	22,506
(31) ELISABETH DAHL SR DIRECTOR, BUSINESS DEVELOPMENT	40.00					X	156,366	0	6,143
(32) AMB THEODORE H KATTOUF FORMER PRES. & CEO (THRU 6/23)	0.00					X	216,117	0	9,799
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						2,647,730	0	422,137	

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 28			
----------	---	--	--	--

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>	Yes	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	No
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>	Yes	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
IRON MOUNTAIN 2025 M STREET NW WASHINGTON, DC 20036	OFFSITE STORAGE	180,424
TIGER FOR SECURITY 2025 M STREET NW WASHINGTON, DC 20036	SECURITY	124,574
AL NASHAMA 2025 M STREET NW WASHINGTON, DC 20036	SECURITY	117,573
ISAACSON MILLER INC 2025 M STREET NW WASHINGTON, DC 20036	RECRUITMENT	112,809
RSM US LLP 30 S WACKER DR SUITE 3300 CHICAGO, IL 60606	ACCOUNTING FEES	105,000

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 5	
----------	---	--

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and a Total of 1,277,526.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include CONTRACT/GRANT REVENUE, FEES FOR SERVICE, and a Total of 47,483,581.

Table for Other Revenue with multiple sub-sections (3-10) and columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include Investment income, Royalties, Gross rents, Net gain or loss, and Net income from fundraising events, totaling 1,301,058.

Table for Other Revenue Misc Amt with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include OTHER REVENUE and a Total of 24,678.

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.	50,133	50,133		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,368,034		2,368,034	
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	10,958,860	6,954,325	4,004,535	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	316,681	91,146	225,535	
9 Other employee benefits	3,618,420	2,019,561	1,598,859	
10 Payroll taxes	1,080,559	563,864	516,695	
11 Fees for services (non-employees):				
a Management				
b Legal	235,985	125,855	110,130	
c Accounting	180,177		180,177	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	87,344		87,344	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,544,820	3,438,087	106,733	
12 Advertising and promotion				
13 Office expenses	1,138,426	855,875	282,551	
14 Information technology	2,130,325	2,053,039	77,286	
15 Royalties				
16 Occupancy	4,017,228	3,326,637	690,591	
17 Travel	626,033	456,450	169,583	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	312,359	294,477	17,882	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	549,016	404,497	144,519	
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	14,891,432	14,891,432	0	0
b OTHER PASS THROUGH	2,175,962	2,175,962	0	0
c TELECOMMUNICATION	352,252	130,379	221,873	0
d PRINTING POSTAGE AND DE	107,720	87,248	20,472	0
e All other expenses	1,753,581	664,075	1,089,506	
25 Total functional expenses. Add lines 1 through 24e	50,495,347	38,583,042	11,912,305	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)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	334	1	787
	2 Savings and temporary cash investments	7,852,794	2	7,381,351
	3 Pledges and grants receivable, net	96,990	3	0
	4 Accounts receivable, net	6,657,824	4	4,570,614
	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	581,460	8	592,698
	9 Prepaid expenses and deferred charges	749,687	9	751,907
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,674,784		
	b Less: accumulated depreciation	4,154,011		
	11 Investments—publicly traded securities	3,769,508	10c	3,520,773
	12 Investments—other securities. See Part IV, line 11	12,681,183	11	12,462,955
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	9,008,550	14	
16 Total assets: Add lines 1 through 15 (must equal line 33)	41,398,330	15	8,077,078	
		16	37,358,163	
Liabilities	17 Accounts payable and accrued expenses	9,133,255	17	8,731,300
	18 Grants payable		18	
	19 Deferred revenue	6,113,510	19	3,881,469
	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	5,895,162	23	4,742,874
	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	8,517,742	25	7,246,650
	26 Total liabilities. Add lines 17 through 25	29,659,669	26	24,602,293
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	10,105,128	27	10,960,133
	28 Net assets with donor restrictions	1,633,533	28	1,795,737
	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	11,738,661	32	12,755,870
33 Total liabilities and net assets/fund balances	41,398,330	33	37,358,163	

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	50,581,579
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,495,347
3	Revenue less expenses. Subtract line 2 from line 1	3	86,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,738,661
5	Net unrealized gains (losses) on investments	5	930,977
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	12,755,870

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
2b	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	
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b	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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	692,815	4,048,130	2,026,359	1,110,400	1,277,526	9,155,230
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	692,815	4,048,130	2,026,359	1,110,400	1,277,526	9,155,230
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						1,216,928
6 Public support. Subtract line 5 from line 4.						7,938,302

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	692,815	4,048,130	2,026,359	1,110,400	1,277,526	9,155,230
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	411,380	245,616	289,856	501,739	479,896	1,928,487
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,528	38,895	284,121	206,765	24,678	573,987
11 Total support. Add lines 7 through 10						11,657,704
12 Gross receipts from related activities, etc. (see instructions)					12	235,172,815
13 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	68.090 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	74.130 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2023. Row 19b: 33 1/3% support tests-2022. Row 20: Private foundation.

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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.		
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 (explain in detail in Part VI): | | | |
| 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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 - 2019 AMOUNT: \$ 19,528. 2020 AMOUNT: \$ 38,895. 2021 AMOUNT: \$ 284,121. 2022 AMOUNT: \$ 206,765. 2023 AMOUNT: \$ 24,678.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization AMIDEAST	Employer identification number 53-0243270
--------------------------------------	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
AMIDEAST

Employer identification number
53-0243270

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
AMIDEAST

Employer identification number

53-0243270

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization
AMIDEAST

Employer identification number

53-0243270

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

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 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

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

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Total number of conservation easements
2b Total acreage restricted by conservation easements
2c Number of conservation easements on a certified historic structure included in (a)
2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register.

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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		2,245,286	268,692	1,976,594
c Leasehold improvements		2,805,798	2,352,097	453,701
d Equipment		2,107,775	1,231,729	876,046
e Other		515,925	301,493	214,432
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,520,773

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	8,077,078
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,077,078

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	
DEFERRED RENT	7,246,650
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,246,650

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	51,531,281
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	930,977	
b	Donated services and use of facilities	2b	39,109	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	970,086	
3	Subtract line 2e from line 1		3	50,561,195
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	87,344	
b	Other (Describe in Part XIII.)	4b	-66,960	
c	Add lines 4a and 4b	4c	20,384	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,581,579	

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	50,514,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	39,109	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	66,960	
e	Add lines 2a through 2d	2e	106,069	
3	Subtract line 2e from line 1		3	50,408,003
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	87,344	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	87,344	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	50,495,347	

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 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.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS REVENUE -66,960.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS REVENUE 66,960.

Additional Data

[**Return to Form**](#)

Software ID:
Software Version:

2023

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? [X] 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.)

Table with 6 columns: (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), (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. Includes rows for Middle East and North Africa and a sub-total.

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) TUITION FEES	MIDDLE EAST AND NORTH AFRICA	37	47,660	WIRE/ACH			
(2) RENT, TRAVEL AND MEDICAL COST	MIDDLE EAST AND NORTH AFRICA	0	614	WIRE/ACH			
(3) STUDENT OR PARTICIPANT ALLOWANCES	MIDDLE EAST AND NORTH AFRICA	1	1,859	WIRE/ACH			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(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:	<p>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. PARTICIPANT AWARD BENEFITS ARE EITHER PAID DIRECTLY TO BENEFICIARIES OR PAID DIRECTLY TO THE HOST INSTITUTIONS HOSTING THE BENEFICIARIES. PAYMENTS ISSUED TO HOST INSTITUTIONS ARE MADE AGAINST INVOICES THAT AMIDEAST RECEIVES AND COMPARES AGAINST PROJECTED COSTS AT THE OUTSET OF AN AWARD FOR EACH PARTICIPANT. FUNDS THAT ARE ISSUED DIRECTLY TO BENEFICIARIES FOR COVERED AWARD ALLOWANCES ARE DIVIDED INTO TWO TYPES. THOSE THAT REQUIRE RECEIPTS AND OTHERS THAT ARE ISSUED WITHOUT THE NEED FOR A RECEIPT. BENEFITS THAT ARE PAID TO VENDORS DIRECTLY INCLUDE: TUITION, FEES, LAB USE, AND OTHER FEES PAID TO HOST INSTITUTIONS, AND AIRLINE TICKETS PAID DIRECTLY TO A TRAVEL AGENT. BENEFITS THAT DO NOT REQUIRE RECEIPTS OR REPORTS FROM THE BENEFICIARIES INCLUDE MONTHLY MAINTENANCE (LIVING) ALLOWANCE, BOOK ALLOWANCE ISSUED FOR EACH ACADEMIC TERM, COMPUTER, OR EQUIPMENT ALLOWANCE TO COVER TECHNOLOGY (AND TECHNOLOGY SUPPLIES) RELATED ITEMS NEEDED FOR CLASS WORK, TRANSIT ALLOWANCE (INCOMING AND OUTGOING). BENEFITS THAT REQUIRE CLEARANCE AND SUBMISSION OF RECEIPTS MATCHING THE ISSUED ALLOWANCE INCLUDE (ADVANCED OR REIMBURSED): THESIS ALLOWANCE, CONFERENCE & FIELD TRIP ALLOWANCE, AND COVERED MANDATORY HEALTH INSURANCE NOT OFFERED BY HOST INSTITUTION. ADDITIONALLY, ALUMNI GRANT RECIPIENTS MUST PROVIDE AS PART OF THEIR FINAL REPORT (AFTER CONCLUDING THE FUNDED ACTIVITY) RECEIPTS OF THE PAYMENTS MADE IN CONJUNCTION WITH PERFORMING THEIR APPROVED GRANT ACTIVITIES.</p>
PART I, LINE 3:	<p>THE ORGANIZATION USES THE ACCRUAL METHOD TO REPORT EXPENDITURES IN A FOREIGN REGION.</p>

Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	(a)Event #1 AMIDEAST GALA DINNER JUNE 10, 2024 (event type)	(b) Event #2 NONE (event type)	(c)Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	118,300			118,300
2 Less: Contributions	36,500			36,500
3 Gross income (line 1 minus line 2)	81,800			81,800
Direct Expenses				
4 Cash prizes	0			
5 Noncash prizes	0			
6 Rent/facility costs	7,000			7,000
7 Food and beverages	24,940			24,940
8 Entertainment	13,591			13,591
9 Other direct expenses	21,429			21,429
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				66,960
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				14,840

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____%.. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____%.. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____%.. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
------------------	-------------

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.**

2023

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	Yes	
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 DEBBY BLAZQUEZ CFO	(i)	243,255	0	5,334	14,966	25,362	288,917	288,917
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 VINCENT DESOMMA VP, BUSINESS DEVELOPMENT	(i)	233,033	0	2,772	14,618	30,822	281,245	281,245
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 QUINCY M DERMODY REGIONAL DIRECTOR	(i)	119,657	0	95,966	9,228	40,968	265,819	265,820
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 JAMES T GRABOWSKI VP, FIELD OPERATIONS	(i)	209,714	6,000	2,772	12,974	29,098	260,558	260,558
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 LESLIE S NUCHO VP, PROGRAMS	(i)	206,666	0	5,334	12,974	27,459	252,433	252,433
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 AMB THEODORE H KATTOUF FORMER PRES. & CEO (THRU 6/23)	(i)	183,738	0	32,379	9,799	0	225,916	225,916
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 CHRIS R SHINN COUNTRY DIRECTOR	(i)	146,651	0	26,176	9,143	41,106	223,076	223,076
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 JENNIFER SMITH REGIONAL DIR, WORKFORCE DEVELOPMENT	(i)	141,274	0	50,100	8,896	14,767	215,037	215,037
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 JOSEPHINE KENNEDY SR. DIRECTOR, EXCHANGE PROGRAMS	(i)	135,290	0	33,828	9,316	29,478	207,912	207,912
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 NUHA ALKHATIB DIRECTOR, INFORMATION TECH	(i)	157,499	0	329	9,712	31,211	198,751	198,751
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 DONALD SCHMIDT COUNTRY DIRECTOR	(i)	143,003	0	34,400	0	10,835	188,238	188,238
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 ELISA ZLOTOWITZ HR DIRECTOR	(i)	159,188	0	329	9,712	12,794	182,023	182,024
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
13 ELISABETH DAHL SR DIRECTOR, BUSINESS DEVELOPMENT	(i)	155,895	0	471	4,677	1,466	162,509	162,509
	(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 ALLOWANCES, WHICH WERE TREATED AS TAXABLE COMPENSATION. DERMODY, QUINCY - \$22,017 KENNEDY, JOSEPHINE - \$15,897 SCHMIDT, DONALD - \$30,000 SHINN, CHRIS - \$23,873 SMITH, JENNIFER - \$41,433
PART I, LINE 7	CERTAIN EMPLOYEES REPORTED ON SCHEDULE J PART II, RECEIVED BONUS COMPENSATION AS REPORTED IN PART II, COLUMN B(II).

Additional Data

Return to Form

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

2023**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 FIRST REVIEWED BY THE ORGANIZATION'S CONTROLLER AND CFO, AND THEN 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 PUBLIC DISLCOSURE VERSION OF THE 990 IS POSTED ON THE BOARD WEBSITE FOR ALL BOARD MEMBERS TO 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.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S 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).

Additional Data

Return to Form

Software ID:

Software Version: