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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2008 calendar year, or tax year beginning **10/01/08**, and ending **9/30/09****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**MIDDLE EAST BIBLE OUTREACH**

Number and street (or P O box, if mail is not delivered to street address)

3605 SANDY PLAINS RD, PMB 272

Room/suite

#240

City or town, state or country, and ZIP + 4

MARIETTA**GA 30066****D** Employer identification number**23-3067813****E** Telephone number**678-339-0296****F** Group Exemption Number

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify):

I Website: **WWW.MEBO.ORG****J** Organization type (check only one)— ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 495,097****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	477,623
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	2,472
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	-2,472
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		See Stmt 1
	a	Gross revenue (not including \$ 22,645 of contributions reported on line 1)	6a	17,465
b	Less: direct expenses other than fundraising expenses	6b	14,516	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,949	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	478,109	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	267,349
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	108,689
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	2,765
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	69,115
	17	Total expenses. Add lines 10 through 16	17	447,918
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,191
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,742
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	66,933

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,090	86,025
23 Land and buildings	8,652	6,192
24 Other assets (describe ▶ See Statement 4)		601
25 Total assets	36,742	92,818
26 Total liabilities (describe ▶ See Statement 5)	0	25,885
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,742	66,933

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others)

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,
describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Statement 7

(Grants \$ **267,349**) If this amount includes foreign grants, check here☒

28a

268,750

29

(Grants \$) If this amount includes foreign grants, check here

☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

268,750**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address

(b) Title and average
hours per week
devoted to position(c) Compensation
(if not paid,
enter -0-.)(d) Contributions to
employee benefit plans &
deferred compensation(e) Expense
account and
other allowances

NABIL COSTA P.O. BOX 60	MANSOURIEH MATEN LE	VICE PRES. 1	0	0	0
STAN SCROGGINS P.O. BOX 456	MAGNOLIA AR 71753	DIRECTOR 1	0	0	0
KAMAL CONSTANTINE 509 HIGHLAND WOODS DR. EAST	MOBILE AL 36608	DIRECTOR 1	0	0	0
SAM MOORE 501 NELSON PLACE	NASHVILLE TN 37214-1000	DIRECTOR 1	0	0	0
JAY STRACK 8465 SAND LAKE SHORES	ORLANDO FL 32836	DIRECTOR 1	0	0	0
BRUCE MEWBOURNE 2400 HWY 42 NORTH	MCDONOUGH GA 30253	SECRETARY 1	0	0	0
RICH TERRY 551 NEW HOPE ROAD	FAYETTEVILLE GA 30241	DIRECTOR 1	0	0	0
TED SQUIRES 5879 SEVEN POINTS TRACE	HERMITAGE TN 37076	DIRECTOR 1	0	0	0
TOM NEVILLE 2327 DUNWOODY CROSSING, APT. D	DUNWOODY GA 30066	EXEC. DIR. 40	74,593	0	0
TERI NORDINE 3954 DEVON OAKS DR.	MARIETTA GA 30066	ASSOC. DIR. 40	24,624	0	0
PAUL SANDERS 142 AVENUE DE FLANDRE	75019 PARIS FR	PRESIDENT 1	0	0	0

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed GA		
42a The books are in care of TERI NORDINE Telephone no 678-339-0296		
12850 HWY 9, STE. 600 PMB 374		
Located at ALPHARETTA, GA ZIP + 4 30004		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country. _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		☐
43 _____		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

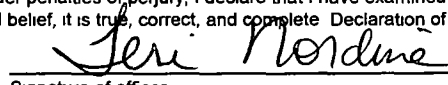
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>2/1/10</u>		
Paid Preparer's Use Only	Type or print name and title <u>TERI NORDINE, Assoc. Director</u>		Date <u>1/28/10</u>	Check if self-employed ☐	Preparer's Identifying Number (See instr.) <u>P00440846</u>
	Firm's name (or yours if self-employed), <u>STRESSER & ASSOCIATES, P.C.</u>		EIN <u>58-1980385</u>		Phone <u>770-640-6400</u>
	address, and ZIP + 4 <u>8505 DUNWOODY PLACE, BLDG. #12</u> <u>ATLANTA, GA 30350</u>		no <u>770-640-6400</u>		

May the IRS discuss this return with the preparer shown above? See instructions

Yes	No
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Form 990-EZ (2008)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	210,370	209,381	408,678	378,656	477,623	1,684,708
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 1-3	210,370	209,381	408,678	378,656	477,623	1,684,708
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)						370,609
6 Public support. Subtract line 5 from line 4						1,314,099

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	210,370	209,381	408,678	378,656	477,623	1,684,708
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	928	2,229	165	18	9	3,349
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					17,465	17,465
11 Total support. Add lines 7 through 10						1,705,522
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	77.0497 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.6068 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3 % support test—2007. 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 ☐		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

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

Part II, Line 10 - Other Income Detail

BENEFIT DINNER INCOME \$ 17,465

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BENEFIT DINNERS (event type)	(event type)	None (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	40,110			40,110
	2 Less Charitable contributions	22,645			22,645
	3 Gross revenue (line 1 minus line 2)	17,465			17,465
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	14,516			14,516
	8 Direct expense summary Add lines 4 through 7 in column (d)				14,516
	9 Net income summary Combine lines 3 and 8 in column (d)				2,949

Part III Gaming. Complete if the organization answered "Yes" to 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))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	☒ Yes % ☒ No	☒ Yes % ☒ No	☒ Yes % ☒ No
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName | **TERI NORDINE****12850 HWY 9, STE. 600 PMB 374**Address | **ALPHARETTA****GA 30004****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**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

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?**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 | \$

Yes No

15a**X****17a****X**

Form **4562**
Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

MIDDLE EAST BIBLE OUTREACH

Identifying number

23-3067813

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,498

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,267
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	2,765
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

There are no amounts for Page 2

Federal Statements

1/28/2010 11:17 AM

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
DELL LAPTOP	Purchase			9/18/01	10/01/08	\$	3,003	\$ 3,003	\$
HP PRINTER	Purchase			9/23/01	10/01/08		535	535	
HP Printer	Purchase			10/31/01	10/01/08		770	770	
DELL DESKTOP	Purchase			12/31/02	10/01/08		1,387	1,387	
TELEPHONE	Purchase			1/01/03	10/01/08		403	403	
PALM PILOT	Purchase			12/01/03	10/01/08		278	269	-9
CELL PHONE	Purchase			11/12/03	10/01/08		168	165	-3
FURNITURE	Purchase			2/19/04	10/01/08		6,130	4,014	-2,116
CELL PHONE	Purchase			12/07/04	10/01/08		170	130	-40
LAPTOP	Purchase			3/31/05	10/01/08		2,639	2,335	-304
Total						\$ 0	\$ 15,483	\$ 13,011	\$ -2,472

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Relationship to Organization		Class of Activity	Date of Gift		Purpose
		Cash Contribution	Noncash Contribution		Book Value Explanation	FMV Explanation	
ARAB BAPTIST THEOLOGICAL SEMINARY 140,484 PO BOX 60, MANSOURIEH EL MATEN							VARIOUS SEMINARY EXP

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Class of Activity		Date of Gift	Purpose
				Noncash Contribution	Book Value	Book Value Explanation	
LEBANON, LE						FMV Explanation	
LEBANESE BAPTIST SOCIETY							VARIOUS EXPENSES
PO BOX 165, MANSOURIEH EL MATEN		126,865					
LEBANON, LE							
Total							
		267,349					

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
BENEFIT DINNERS	\$
OTHER BENEFIT DINNER EXP	7,216
Expenses	
BANK CHARGES	1,049
LEGAL & ACCOUNTING	13,433
PRINTING	3,189
OFFICE EXPENSE	3,458
OTHER FEES	2,840
POSTAGE/DELIVERY	2,686
TELEPHONE	8,002
MEALS/ENTERTAINMENT	2,092
TRAVEL	22,017
WEB SERVICES	360
INSURANCE	2,773
Total	\$ 69,115

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges	\$	\$ 601
		601

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$	\$ 647
CREDIT CARD PAYABLES		5,238
DEFERRED REVENUE		20,000
		25,885

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

The primary purpose of Middle East Bible Outreach is to develop a broad base of Christian financial support for evangelism and church planting in the Arab world through existing and planned evangelical institutions in Lebanon.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

PROVIDED SUPPORT TO THE ARAB BAPTIST THEOLOGICAL SEMINARY IN LEBANON THROUGH FUND-RAISING EFFORTS, SPONSORSHIP OF SCHOLARSHIPS, AND SUPPORT FOR EVANGELISTIC EFFORTS IN THE MIDDLE EAST THROUGH CONTACTS IN THE UNITED STATES.