DLN: 93493312013639 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization MIDDLE EAST STUDIES ASSOCIATION OF D Employer identification number B Check if applicable □ Address change NORTH AMERICA INC 13-6220175 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 3542 N GERONIMO AVE ☐ Amended return ☐ Application pending (520) 333-2577 City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ $\,\,$ 857053614 $\,$ G Gross receipts \$855,770 Name and address of principal officer H(a) Is this a group return for MARK LOWDER ☐Yes **☑**No subordinates? 3542 N GERONIMO AVE H(b) Are all subordinates TUCSON, AZ 857053614 ☐Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MESANA ORG L Year of formation 1967 M State of legal domicile AZ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE HIGH STANDARDS OF SCHOLARSHIP AND INSTRUCTION IN MIDDLE EAST STUDIES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 14 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 79,010 59,955 Ravenua 828,046 693,027 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 47,508 42,992 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,514 1,515 957,078 797,489 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,869 13,009 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 348,139 364,138 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) ▶28,110 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 438,614 434,014 798,622 811,161 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 158,456 -13,672 Net Assets or Fund Balances Beginning of Current Year End of Year 2,303,002 2,131,102 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 184,074 156,667 22 Net assets or fund balances Subtract line 21 from line 20 . 2,118,928 1,974,435 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-31 Signature of officer Sign Here MARK LOWDER ASSOCIATE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-10-31 P01456278 Paid self-employed Firm's name BEACHFLEISCHMAN PC Firm's EIN > 86-0683059 Preparer Use Only Firm's address ▶ 1985 E RIVER ROAD SUITE 201 Phone no (520) 321-4600 TUCSON, AZ 85718 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2	018)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplish	nments		
		Check if Schedule O contains a r	response or note to a	ny line in this Part III		🗹
1	Briefly	describe the organization's miss				
HIGH PROC DIST	I STAND GRAMS, INCTIO	PARDS OF SCHOLARSHIP AND TE PUBLICATIONS AND SERVICES T	ACHÍNG, AND ENCOL HAT ENHANCE EDUC	JRAGES PUBLIC UNDE ATION, FURTHER INTI	AT FOSTERS THE STUDY OF THE MIC RSTANDING OF THE REGION AND IT ELLECTUAL EXCHANGE, RECOGNIZE AS A 501(C)(3) SCIENTIFIC, EDUCAT	S PEOPLES THROUGH PROFESSIONAL
2	Did th	e organization undertake any sigi	nificant program serv	uces during the year w	hich were not listed on	
_		or Form 990 or 990-EZ?		- '		☐ Yes ☑ No
		s," describe these new services or				
3		e organization cease conducting,		hanges in how it cond	ucts, any program	
		es?	-	-		☐ Yes 🗹 No
	If "Yes	," describe these changes on Sch	nedule O			
4	Sectio		zations are required	to report the amount	largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	708,064	including grants of \$	13,009) (Revenue \$	693,027)
	See Ad	ditional Data				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in Sc	hedule O)			
		nses \$	including grants of	\$) (Revenue \$)
4e	Total	program service expenses ►	708,06	54		

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

37

38

Part V

	550 (2010)			rage
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Nο

Nο

V

Form 990 (2018)

No

36

37

38

21

0

1a

Yes

Yes

13a

14a

14b

15

No

No

Form **990** (2018)

13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa		nce, Management, and Disclosure For each "Yes" response to lines 2 th r 10b below, describe the circumstances, processes, or changes in Schedule		" resp	onse to i	lines
			· · · · · · ·			✓
Se	ection A. Gove	rning Body and Management				
			1		Yes	No
1a	Enter the number	er of voting members of the governing body at the end of the tax year	La 9			
	body, or if the g	rerial differences in voting rights among members of the governing loverning body delegated broad authority to an executive committee or ee, explain in Schedule O				
b	Enter the number	er of voting members included in line 1a, above, who are independent	Lb 9			
2		director, trustee, or key employee have a family relationship or a business trustee, or key employee?		2		No
3		ation delegate control over management duties customarily performed by o ttors or trustees, or key employees to a management company or other per		3		No
4	Did the organiza	ation make any significant changes to its governing documents since the pr	or Form 990 was filed? .	4		No
5	Did the organiza	ation become aware during the year of a significant diversion of the organiz	ation's assets?	5		No
6	Did the organiza	ation have members or stockholders?		6	Yes	
7a		ation have members, stockholders, or other persons who had the power to governing body?	elect or appoint one or more	7a	Yes	
b		ance decisions of the organization reserved to (or subject to approval by) man the governing body?		7b	Yes	
8	Did the organizathe following	ation contemporaneously document the meetings held or written actions un	dertaken during the year by			
а	The governing b	oody?		8a	Yes	
b	Each committee	with authority to act on behalf of the governing body?		8 b	Yes	
9		icer, director, trustee, or key employee listed in Part VII, Section A, who car nailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		No
Se	ection B. Polici	ies (This Section B requests information about policies not require	ed by the Internal Revenue	e Code		
100	Did the erganiza	ation have local chapters, branches, or affiliates?		10a	Yes	No No
	If "Yes," did the	organization have written policies and procedures governing the activities pensure their operations are consistent with the organization's exempt purpose.		10a		NO
11a		ation provided a complete copy of this Form 990 to all members of its gove		11a		No
ь		edule O the process, if any, used by the organization to review this Form 99	90			
		ation have a written conflict of interest policy? If "No," go to line 13		12a		No
b	Were officers, d	rectors, or trustees, and key employees required to disclose annually inter	ests that could give rise to	12b		
c		ation regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes," describe in	12c		
13	Did the organiza	ation have a written whistleblower policy?		13		No
14	Did the organiza	ation have a written document retention and destruction policy?		14		No
15		for determining compensation of the following persons include a review an rability data, and contemporaneous substantiation of the deliberation and c				
а	The organization	n's CEO, Executive Director, or top management official		15a		No
b		r key employees of the organization		15b		No
		L5a or 15b, describe the process in Schedule O (see instructions)				
	taxable entity d	ation invest in, contribute assets to, or participate in a joint venture or simi uring the year?		16a		No
b	ın joint venture	organization follow a written policy or procedure requiring the organization arrangements under applicable federal tax law, and take steps to safeguarect to such arrangements?		16b		
Se	ection C. Discl	osure				
17		with which a copy of this Form 990 is required to be filed▶				
18	only) available f	quires an organization to make its Form 1023 (or 1024-A if applicable), 99 for public inspection Indicate how you made these available Check all that	apply			
		te 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sche				
19	policy, and finar	edule O whether (and if so, how) the organization made its governing docu nicial statements available to the public during the tax year				
20	State the name, ►ROSE VENEKL	, address, and telephone number of the person who possesses the organiza ASEN 3542 N GERONIMO AVE TUCSON, AZ 857053614 (520) 333-2577	tion's books and records			

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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if neither the organization no		ganızat	ion c			ated a	ny c			<u> </u>
(A) Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t ch unle ficei rust	ss per and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) ORIT BASHKIN BOARD MEMBER	5 00	Х						0	0	0
(2) ILANA FELDMAN BOARD MEMBER	5 00	х						0	0	0
(3) FIROOZEH KASHANI-SABET BOARD MEMBER	5 00	х						0	0	0
(4) ARANG KESHAVARZIAN BOARD MEMBER	5 00	Х						0	0	0
(5) JILLIAN M SCHWEDLER BOARD MEMBER	5 00	Х						0	0	0
(6) SHERENE SEIKALY BOARD MEMBER	5 00	x						0	0	0
(7) OMAR SIRRI BOARD MEMBER	5 00	Х						0	0	0
(8) TED SWEDENBURG BOARD MEMBER	5 00	Х						0	0	0
(9) NADIA YAQUB BOARD MEMBER	5 00	х						0	0	0
(10) JUDITH E TUCKER PRESIDENT	5 00	Х		х				0	0	0
(11) DINA RIZK KHOURY PRESIDENT ELECT	5 00	Х		х				0	0	0
(12) BETH BARON PAST PRESIDENT	5 00	Х		х				0	0	0
(13) AMY NEWHALL EXECUTIVE DIRECTOR/TREASURER	30 00			х				81,435	0	20,228
										Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u in off tor/tr	che nles	s pers and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

compensated e				
bloyee				
cnal Trustee				
altrustee ⊵r				

1b Sub-Total										
c Total from continuation sheets to Pa	art VII , Section	Α				▶ [
d Total (add lines 1b and 1c)				•		▶		81,435	0	20,228

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 > 0

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual . 3 Nο 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? If "Yes," complete Schedule J for such

3 4 4 No Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5 No

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

(C)

Compensation

Form 990 (2018)

compensation from the organization ▶ 0

5

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

				Total reve	nue	Related exem function reven	l or pt on	Unrelated business revenue	Revenue excluded fi tax under se 512 - 51	rom ctions
ທ	1a Federated campaigns .	. 1a								·
unts	b Membership dues	1b								
6ra mo	c Fundraising events	1c								
<u>\$</u> `₹	d Related organizations	1d								
<u> </u>	e Government grants (contribut	tions) 1e	_							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, and similar amounts not incluabove g Noncash contributions inc	1f	59,955							
a di G										
S É	h Total. Add lines 1a-1f .		•	5	9,955					
_			Business	Code						
Service Revenue	2a ANNUAL MEETING REVENUE			900099	3	34,237	334,23	7		
4	b MEMBERSHIP DUES			900099	3	30,145	330,14	5		
Se F	c ADVERTISING			511120		18,863	18,86	3		
er Vi	d MESA PUBLICATIONS			511120		9,782	9,78	2		
٦.										
Program	e f All other program service r									
ď				93,027						
	gTotal. Add lines 2a-2f .		<u> </u>	1		1				
	3 Investment income (including similar amounts)	ng dividends, ir	iterest, and other •		34,49	3				34,493
	4 Income from investment of	tax-exempt bo	nd proceeds 🕨							
	5 Royalties			ļ	1,51	5				1,515
		(ı) Real	(II) Personal	_						
	b Less rental expenses			-						
	c Rental income or (loss)			ļ						
	d Net rental income or (loss									
	7a Gross amount	Securities	(II) Other	1						
	from sales of assets other than inventory	66,780								
	b Less cost or other basis and	58,281								
	sales expenses	8,499		-						
	C Gain or (loss) d Net gain or (loss)			1	8,499	9				8,499
Other Revenue	8a Gross income from fundrai (not including \$	sing events of ine 1c)	<u> </u>		<u> </u>					
ev.	b Less direct expenses .	-		1						
er F	c Net income or (loss) from	L	ents	J						
Othe	9a Gross income from gaming See Part IV, line 19		·							
	h lass dimenticion	a		-						
	b Less direct expensesc Net income or (loss) from		95]						
	10a Gross sales of inventory, le	-		1						
	returns and allowances .	. a								
	b Less cost of goods sold .	ь]						
	c Net income or (loss) from	ory ▶								
	Miscellaneous Rever	nue	Business Code							
	11a									
	<u> </u>									
	b									
	С									
	d All other revenue			-						
	e Total. Add lines 11a-11d	L	•							
	12 Total revenue. See Instru	ictions	· · · •		797,489	9	693,027		0	44,507
									Form 990	(2018)

Form 990 (2018)					Page 10
	ement of Functional Expenses and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	olete column (A)	
Check ı	f Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		<u> </u>
Do not include ar 7b, 8b, 9b, and 1	mounts reported on lines 6b, 0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	ner assistance to domestic organizations and rnments See Part IV, line 21				
2 Grants and oth Part IV, line 22	ner assistance to domestic individuals. See	13,009	13,009		
	ner assistance to foreign organizations, foreign and foreign individuals. See Part IV, line 15				
4 Benefits paid t	o or for members				
5 Compensation key employees	of current officers, directors, trustees, and	101,663	71,164	10,166	20,333
defined under	not included above, to disqualified persons (as section 4958(f)(1)) and persons described in :)(3)(B)				
7 Other salaries	and wages	191,083	174,992	16,091	
	ccruals and contributions (include section 401 employer contributions)	18,402	16,852	1,550	
9 Other employe	ee benefits	29,063	26,616	2,447	
10 Payroll taxes		23,927	20,369	2,128	1,430
11 Fees for service	es (non-employees)				
a Management					
b Legal		1,950	1,950		
c Accounting .		16,108	13,730	1,421	957
				·	
	indraising services See Part IV, line 17				
	anagement fees	17,032		17,032	
	L1g amount exceeds 10% of line 25, column	5,491	5,491	17,032	
(A) amount, li	st line 11g expenses on Schedule O)	29,228	29,228		
-	d promotion		,	1 270	074
•	es	16,611	14,467	1,270	874
	chnology	14,057	11,982	1,240	835
15 Royalties .	•				
16 Occupancy .		6,402	5,457	565	380
17 Travel					
	ravel or entertainment expenses for any or local public officials				
19 Conferences, o	conventions, and meetings	194,809	178,631	16,178	
20 Interest .					
21 Payments to a	ffiliates				
22 Depreciation,	depletion, and amortization	7,893	6,728	696	469
23 Insurance .		4,075	3,474	359	242
miscellaneous	es Itemize expenses not covered above (List expenses in line 24e If line 24e amount of line 25, column (A) amount, list line 24e ichedule O)				
a PUBLICATION	VS	76,765	76,765		
b FEES		36,107	30,778	3,184	2,145
c DUES		5,050	4,305	445	300
d REPAIRS AN	D MAINTENANCE	2,436	2,076	215	145
e All other exp	enses				
25 Total functio	nal expenses. Add lines 1 through 24e	811,161	708,064	74,987	28,110
reported in col educational ca	Complete this line only if the organization lumn (B) joint costs from a combined mpaign and fundraising solicitation				
Check here 🕨	☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Form 990 (2018)

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			126,886	1	130,616
	2	Savings and temporary cash investments .		[818,079	2	736,078
	3	Pledges and grants receivable, net		. [30,000	3	
	4	Accounts receivable, net		[8,671	4	6,235
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ited er	nployees Complete		5	
ssets	7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions ((see in	S(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
SS	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges	5,893	9	1,606		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	208,805			
	ь	Less accumulated depreciation	10 b	15,832	177,117	10c	192,973
	11	Investments—publicly traded securities .			1,136,356	11	1,063,594
	12	Investments—other securities See Part IV, line	11 .	[12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,303,002	16	2,131,102
	17	Accounts payable and accrued expenses			135,369	17	96,807
	18	Grants payable				18	
	19	Deferred revenue			48,705	19	59,860
	20	Tax-exempt bond liabilities				20	
ý	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	

24

25

26

27

28

29

30

31

32

33

34

156.667

1.658.917

280,285

35,233

1,974,435

2,131,102

Form **990** (2018)

184.074

1,775,089

317,705

26,134

2,118,928

2,303,002

Form	990 (2018)				Page 12
Pa	Reconcilliation 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			797,489
2	Total expenses (must equal Part IX, column (A), line 25)	2			811,161
3	Revenue less expenses Subtract line 2 from line 1	3			-13,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,118,928
5	Net unrealized gains (losses) on investments	5		•	130,821
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,974,435
Pa	t 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c	Yes	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Additional Data

Software ID:

Software Version:

EIN: 13-6220175

Name: MIDDLE EAST STUDIES ASSOCIATION OF

NORTH AMERICA INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

FROM ITS INCEPTION IN 1966 WITH 51 FOUNDING MEMBERS. MESA HAS INCREASED ITS MEMBERSHIP TO MORE THAN 2.700 AND NOW SERVES AS AN UMBRELLA

THE AMERICAN COUNCIL OF LEARNED SOCIETIES, THE NATIONAL COUNCIL OF AREA STUDIES ASSOCIATIONS, AND A MEMBER OF THE NATIONAL HUMANITIES ALLIANCE

ORGANIZATION FOR MORE THAN SIXTY INSTITUTIONAL MEMBERS AND THIRTY-NINE AFFILIATED ORGANIZATIONS THE ASSOCIATION IS A CONSTITUENT SOCIETY OF

INTERNATIONAL FORUM FOR SCHOLARSHIP, INTELLECTUAL EXCHANGE AND PEDAGOGICAL INNOVATION APPROXIMATELY 1,500 PEOPLE ATTENDED THE 52ND ANNUAL MEETING IN SAN ANTONIO, TX MESA IS RESPONSIBLE FOR THE INTERNATIONAL JOURNAL OF MIDDLE EAST STUDIES, THE PREMIERE JOURNAL ON THE REGION, THE

MESA REVIEW OF MIDDLE EAST STUDIES AND A BIANNUAL NEWSLETTER AN AWARDS PROGRAM RECOGNIZES SCHOLARLY ACHIEVEMENT, SERVICE TO THE PROFESSION AND EXEMPLARY STUDENT MENTORING

AS PART OF ITS GOAL TO ADVANCE LEARNING, FACILITATE COMMUNICATION AND PROMOTE COOPERATION. MESA SPONSORS AN ANNUAL MEETING THAT IS A LEADING

efile	e GRA	APHIC prii	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493312013639
SCH	ΙED	ULE A		Public (Charity Statu	e and Pul	alic Sunn	ort	OMB No 1545-0047
(E 000				ganization is a sect			I	2018	
				4947(a)(1) nonexe				2010	
Departi	nent of	the Treasury		· cc to withington, reministra				Open to Public	
_{iterna} Iame	Reven of th	ue Service ne organiza	Lion					Employer identific	Inspection ation number
IDDL	E EAST	STUDIES ASS ICA INC						13-6220175	
	tΙ		for Public Ch	narity Statu	ıs (All organization	s must comple	te this part.) S		
					it is (For lines 1 thro				
1		A church, c	onvention of ch	urches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in sect i	ion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative	hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4			,	·	ed in conjunction with			•	nter the hospital's
-	Ш	name, city,		zation operate	ed in conjunction with	a nospital descri	bed iii section .	170(D)(1)(A)(III). E	inter the hospital's
5		-	ation operated f		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6				-	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	\Box	An organiza	ation that norma	ally receives a	a substantial part of it	s support from a	governmental u	ınıt or from the gener	al public described in
_	_		'0(b)(1)(A)(vi		•			_	·
8		A communi	ty trust describ	ed in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) ee instructions Enter				ege or university or a
0	✓	from activit	ies related to it income and un	s exempt fun related busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
1	П	•		• • • • •	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported or	rganizations c	exclusively for the beliescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a			-		the type of supporting ated, supervised, or c				aiving the supported
_	Ц	organizatio		to regularly a	ppoint or elect a major				
b		manageme		rtıng organıza	ervised or controlled in ation vested in the sare				
c		Type III f	unctionally int	t egrated. A s	supporting organizatio				ted with, its
d		Type III n	on-functional	ly integrate o e organization	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution	ın connection wi requirement and	th its supported organ	
e		Check this	box if the orgar	nization receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f					integrated supporting	organization			
f g			of supported o	•	nnowted examination(·->			
9		lame of supp		(ii) EIN	<pre>pported organization((iii) Type of</pre>		anızatıon listed	(v) Amount of	(vi) Amount of
	``	organization			organization (described on lines 1- 10 above (see instructions))	in your govern		monetary support (see instructions)	other support (see instructions)
						Yes	No		
_									
otal			tion Act Notice			Cat No 11285			

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (e) 2018 (a) 2014 **(b)** 2015 (c) 2016 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not

	include any unusual grant) [
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						
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)						
5	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(6)2016	(a)2017	(e)2018	(I)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
-0	other meditie bo hot melade gam of						
-0	loss from the sale of capital assets						

(Explain in Part VI) Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 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, Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

11

14

organization

instructions

supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-	

16a	33 1/3% support test—2018. If the organization did not check the
15	Public support percentage for 2017 Schedule A, Part II, line 14
14	Table support percentage for 2010 (inte o, column (i) divided by inte

box and stop here. The organization qualifies as a publicly supported organization

i
l
l

rubiic support percentage for	2018 (line o, column (i) divided by lin
Public support percentage for	2017 Schedule A, Part II, line 14

1	

15

14	
15	

e box on line 13, and line 14 is 33 1/3% or more,

_	hack	+h

١		,	
٦	dıd	not	check

17a 10%-facts-and-circumstances test—2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2017. 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

c	heck	thi

s	box		

		'	-		•				
33 1/3 ⁰	% sup	port te	st—2018.	If the org	anızatıon	did no	ot check	the box	on lii
and sto	p here	e. The o	rganization	qualifies	as a publ	icly su	upported	organiza	ation

heck	this

Schedule A (Form 990 or 990-EZ) 2018

	the organization fails to						rait II. II
	ection A. Public Support	quality under th	ie tests listed b	elow, piedse coi	iipiete i dit II.)	<u>'</u>	
30	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not	114,965	79,265	96,555	79,010	59,955	429,750
	include any "unusual grants")		,	, , , , , , , , , , , , , , , , , , ,	·	,	•
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in	741,501	635,060	881,075	828,046	693,027	3,778,709
	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	256.466	74.4.225	077.630	007.056	752.002	4 200 450
6	Total. Add lines 1 through 5	856,466	714,325	977,630	907,056	752,982	4,208,459
7a	Amounts included on lines 1, 2, and	25,000	25,000	25,000	25,000	25,000	125,000
	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						0
	\$5,000 or 1% of the amount on line						0
	13 for the year						
_	Add lines 7a and 7b	25,000	25,000	25,000	25,000	25,000	125,000
8	Public support. (Subtract line 7c	23,000	23,000	23,000	23,000	23,000	
٥	from line 6)						4,083,459
	ection B. Total Support	I.	L.		L		
30							
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		856,466	714,325	977,630	907,056	752,982	4,208,459
10a	Gross income from interest,		·				
	dividends, payments received on	27.540	22.204	22.460	22.705	36 000	462.074
	securities loans, rents, royalties and	27,519	33,381	32,168	33,795	36,008	162,871
	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	27,519	33,381	32,168	33,795	36,008	162,871
11	Net income from unrelated business						·
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						

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

9	Amounts from line 6	850,400	/14,325	9//,630	907,056	/52,982	4,208,459
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,519	33,381	32,168	33,795	36,008	162,871
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	27,519	33,381	32,168	33,795	36,008	162,871
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 VI)						
13	Total support. (Add lines 9, 10c,	883 085	747 706	1 000 708	940.851	788 000	4 371 330

11, and 12) 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

16

20

15

18

- 93 410 %
- Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2017 Schedule A, Part III, line 15 16

יונ	111,	IIIIe	10	
ne	: Pe	erce	entage	

17 3 730 %

ightharpoons

94 250 %

3 450 %

- Section D. Computation of Investment Incor Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17
 - Investment income percentage from 2017 Schedule A, Part III, line 17
- 18
- 19a 331/3% support tests-2018. 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—2017. 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
 - - Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
 - - Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the 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? 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	1		
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? 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	2		
	organization	-		
S	ection 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)? 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)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) 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>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

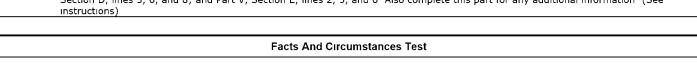
Software ID:

Software Version: EIN: 13-6220175

Name: MIDDLE EAST

ame: MIDDLE EAST STUDIES ASSOCIATION OF NORTH AMERICA INC

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)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

► 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.

DLN: 93493312013639 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

8

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** MIDDLE EAST STUDIES ASSOCIATION OF NORTH AMERICA INC 13-6220175 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. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. If the organization elected, as permitted under SFAS 116 (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 If the organization elected, as permitted under SFAS 116 (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 (i) Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	aintaining Col	lections of	f Art, Hi	istorical T	reasi	ures, or	Other:	Similar A	ssets (co	ontinued)	- rage z
3	Using	the organization's acq (check all that apply)											
а		Public exhibition				d 🗌	Loan	or excha	nge prog	rams			
b		Scholarly research				e 🗌	Othe	er					
c		Preservation for future	e generations										
4	Provid Part X	de a description of the o	organızatıon's coll	lections and	explain h	ow they furtl	ner th	e organız	ation's ex	empt purpo	ose in		
5		g the year, did the orga s to be sold to raise fur								ılar	☐ Yes		No
Pa	rt IV	Escrow and Cust	odial Arrange	ments							res		10
		Complete if the org X, line 21.	ganization answ	vered "Yes"							unt on Fo	orm 990	Part
1a		e organization an agent ded on Form 990, Part)		an or other ir	ntermedia	ary for contri	butior	ns or othe	r assets i	not	☐ Yes	: 🗆 r	No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complet	te the foll	owing table		Г		Α	mount		_
c		ning balance						ŀ	1c				_
d	_	ions during the year						Ī	1d				_
е		butions during the year	r					İ	1e				_
f		g balance						ŀ	1f				_
2-		ne organization include	an amount on Eo	rm 000 Bart	· V luna 2	1 for occreu		L L	ccount lin	hulutu (2			
2a											_	;	NO
		s," explain the arrange											
Pe	rt V	Endowment Fund	as. Complete if	(a)Current				(c)Two ye		(d)Three year		(a)Four vo	re back
1a	Reginn	ing of year balance .		(a)Current	38,688	(b)Prior yea	1,148	(c) I WO YE	32,962	(a) inree ye	34,322	(e) Four yea	33,053
	_	outions			30,000		.,1.10		32,332		31,322		510
		restment earnings, gair	ne and losses		-3,200		1,786		1,249		-1,360		759
		or scholarships	13, 4114 103363								•		
		expenditures for facilities	•				-						
	and pro	ograms	es		255		247		63				
		strative expenses .			25 222	20	2 6 9 7				22.062		24 222
_		year balance			35,233		3,687		34,148		32,962		34,322
2		de the estimated percei	-	ent year end	balance (line 1g, colu	mn (a	i)) held as	5				
а		designated or quasi-e											
b	Perma	anent endowment 🕨	100 000 %										
c		orarily restricted endov											
3a	Are th	ercentages on lines 2a, nere endowment funds		•		on that are h	eld ar	nd admini	stered for	r the			
	-	nization by nrelated organizations									3a	(i) Yes	No No
	• •	elated organizations .			•			• •			3a(• •	No
ь		s" on 3a(II), are the rel									3		
4		ribe in Part XIII the inte	_		•							I	<u> </u>
Pa	rt VI	Land, Buildings,	and Equipmer	ıt.									
		Complete if the or	ganization answ	ered "Yes"									
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	r other basis (other)	(c) Acci	ımulated d	epreciation	(d	l) Book val	ne
1a	Land					4	1 0,974						40,974
b	Building	gs				1:	17,840			7,302			110,538
		old improvements					3,599			223			3,376
		nent					3,528			3,528			0

42,864

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

38,085

192,973

4,779

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

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

4a

4b

Explanation

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Page 4

794,129

17,032

811.161

Schedule D (Form 990) 2018

3

4c

5

17,032

Schedule D (Form 990) 2018

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 13-6220175

Name: MIDDLE EAST STUDIES ASSOCIATION OF NORTH AMERICA INC

NORTH AMERICA INC

Explanation

T HOURANI FOR HIS LONG AND DISTINGUISHED CAREER AS TEACHER AND MENTOR THE AWARD WAS ESTAB LISHED IN 1991 TO RECOGNIZE OUTSTANDING PUBLISHING IN MIDDLE EAST STUDIES EACH YEAR THE W INNER OF THIS AWARD RECEIVES \$1,000 (IN THE CASE OF SHARED AWARD, EACH RECIPIENT RECEIVES \$500) THE MENTORING AWARD WAS ESTABLISHED IN 1995 TO RECOGNIZE EXCEPTIONAL CONTRIBUTIONS THAT RETIRED FACULTY HAVE MADE TO THE EDUCATION AND TRAINING OF OTHERS EACH YEAR THE MESA

BOARD OF DIRECTORS SELECTS THE WINNER WHO RECEIVES AN AWARD CERTIFICATE

Supplemental Information

Return Reference

11000111111101011010	
PART V, LINE 4	THE ORGANIZATION'S PERMANENTLY RESTRICTED FUNDS CONSIST OF FOUR INDIVIDUAL DONOR-RESTRICTE D FUNDS THE BACHARACH SERVICE AWARD IS NAMED FOR PROFESSOR JERE L BACHARACH THIS AWARD RECOGNIZES THE CONTRIBUTIONS OF INDIVIDUALS THROUGH THEIR OUTSTANDING SERVICE TO MESA OR T HE ACADEMIC PROFESSION SERVICE IS DEFINED BROADLY TO INCLUDE WORK IN DIVERSE AREAS INCLUD ING, BUT NOT LIMITED TO, OUTREACH, LIBRARIANSHIP, AND FILM EACH YEAR THE MESA BOARD OF DI
	RECTORS SELECTS THE WINNER WHO RECEIVES A CASH AWARD OF \$1,000 THE KERR DISSERTATION AWAR D HONORS THE SIGNIFICANT CONTRIBUTION OF MALCOLM H KERR TO MIDDLE EAST STUDIES TWO AWARD S WERE ESTABLISHED IN 1982 TO RECOGNIZE EXCEPTIONAL ACHIEVEMENT IN RESEARCH AND WRITING FO R/OF DISSERTATIONS IN MIDDLE EAST STUDIES A \$1,000 CASH AWARD IS GIVEN YEARLY TO THE WINN ER IN EACH CATEGORY OF SOCIAL SCIENCES AND HUMANITIES THE HOURANI BOOK AWARD HONORS ALBER

Supplemental Information	on _
Return Reference	Explanation
PART X, LINE 2	FINANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL IN COME TAXES UNDER BOTH FEDERAL INTERNAL REVENUE CODE SECTION 501(C)(3) AND ARIZONA INCOME T AX LAWS, AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) INC OME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI) FROM TIM E TO TIME, THE ORGANIZATION MAY BE SUBJECT TO PENALTIES ASSESSED BY VARIOUS TAXING AUTHORI TIES, WHICH ARE CLASSIFIED AS GENERAL AND ADMINISTRATIVE EXPENSES, IF THEY OCCUR

DLN: 93493312013639 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number MIDDLE EAST STUDIES ASSOCIATION OF 13-6220175 NORTH AMERICA INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
			he organization answered "Yes	" on Form 990, Part IV, line 22	-
Part III can be duplica	ited if additional space is	needed		1	
(a) Type of grant or assist	ance (b) Numb			(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental	Information. Provide	the information requir	ed in Part I, line 2; Part III	, column (b); and any other	additional information.

AWARDS TO INDIVIDUALS ARE GRANTED BASED ON OUTSTANDING CONTRIBUTIONS TO MIDDLE EASTERN STUDIES AS DESCRIBED IN THE ENDOWMENTS SECTION

Schedule I (Form 990) 2018

Return Reference

PART I, LINE 2

Explanation

(SCHEDULE D, PART V) OF THIS RETURN

Additional Data

(a)Type of grant or assistance

DISSERTATION AWARD

HOURANI BOOK AWARD

STUDENT PAPER PRIZE AWARD

MENTORING AWARD

SERVICE AWARD

Software ID: **Software Version: EIN:** 13-6220175

Name: MIDDLE EAST STUDIES ASSOCIATION OF

NORTH AMERICA INC

Form 990, Schedule I, Part III, Gra	ants and Other Ass	istance to Domestic	Individuals.

(a) type of grant of assistance	recipients	cash grant	non-cash assistan

(b)Number of (c)Amount of (d)Amount of

2,000

1,000

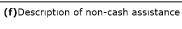
1,255 250

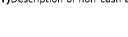
255

(e)Method of valuation (book,

FMV, appraisal, other)









(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance with the following the following formula of the following fore

500

500

249

2,000

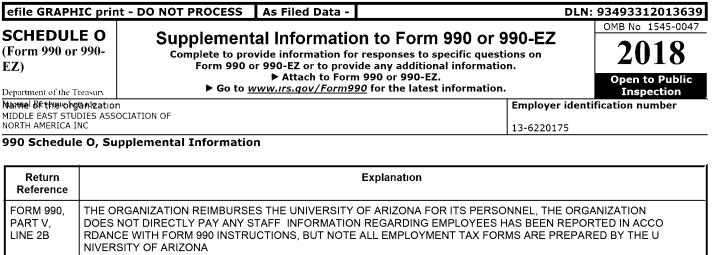
Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

NIKKI KEDDIE BOOK AWARD

POURSHARIATI AWARD

PERMES

FATIMA MERNISSI BOOK AWARD



Return Explanation

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 7B

FORM 990, ANY TIME THE BOARD ISSUES A REFERENDUM, IT IS SUBJECT TO THE APPROVAL OF THE MEMBERS THE PART VI, RESULT OF THE VOTE BY MEMBERS IN GOOD STANDING WITH VOTING RIGHTS SHALL BE DECIDED BY A MA SECTION A. JORITY OF THOSE VOTING, OR TWO-THIRDS OF THOSE VOTING FOR AMENDMENTS

Return Explanation
Reference

FORM 990,	FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR
PART VI,	PRIOR TO FILING
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON
PART VI,	REQUEST
SECTION C,	
LINE 19	