

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

Form 990 header section containing organization name (MERIDIAN INTERNATIONAL CENTER), address (1630 CRESCENT PLACE NW, WASHINGTON, DC 20009), and principal officer (STUART HOLLIDAY).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Theresa Furman), preparer signature (Kristen Barnett), and firm information (RSM US LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MERIDIAN INTERNATIONAL CENTER IS A NONPARTISAN, NONPROFIT DIPLOMACY CENTER FOUNDED IN 1960 WITH THE VISION THAT GREATER UNDERSTANDING AND COLLABORATION BETWEEN THE UNITED STATES AND THE WORLD LEADS TO A MORE SECURE AND PROSPEROUS FUTURE FOR ALL. HEADQUARTERED IN WASHINGTON, DC,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,525,448. including grants of \$ 994,886.) (Revenue \$ 0.) INTERNATIONAL VISITOR LEADERSHIP PROGRAM - FOR OVER 60 YEARS, MERIDIAN HAS BEEN A PRINCIPAL PARTNER IN IMPLEMENTING THE INTERNATIONAL VISITOR LEADERSHIP PROGRAM (IVLP), THE U.S. DEPARTMENT OF STATE'S PREMIER PROFESSIONAL EXCHANGE PROGRAM. WORKING WITH THE BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS, MERIDIAN DEVELOPS AND ADMINISTERS IVLP PROJECTS FOR APPROXIMATELY 1,500 EMERGING INTERNATIONAL LEADERS, ABOUT ONE-THIRD OF THE PROGRAM TOTAL IN A TYPICAL YEAR. PROGRAM PARTICIPANTS COME TO THE U.S. FROM AROUND THE WORLD, REPRESENTING DIVERSE FIELDS SUCH AS GOVERNMENT, POLITICS, MEDIA, EDUCATION AND THE JUDICIARY. MERIDIAN'S EFFORTS INCLUDE DESIGNING AND DEVELOPING PROGRAM CONTENT, INTRODUCING VISITORS TO AMERICAN SOCIETY AND CULTURE, AND MANAGING LOGISTICS. AFTER THE COVID PANDEMIC SHUTTERED IN-PERSON EXCHANGES FOR TWO YEARS,

4b (Code:) (Expenses \$ 6,546,655. including grants of \$ 1,798,072.) (Revenue \$ 0.) CUSTOMIZED EXCHANGE PROGRAMS - THESE OFFERINGS INCLUDE HIGH-QUALITY, CUSTOMIZED PEOPLE-TO-PEOPLE EXCHANGE PROGRAMS AND TRAININGS FOR PROFESSIONALS, YOUTH, AND EMERGING LEADERS WORLDWIDE. TOP PROGRAM AREAS AND THEMES FOR 2022 INCLUDE:

1) JOURNALISM AND MEDIA: MERIDIAN DEVELOPS AND IMPLEMENTS TRAINING AND REPORTING OPPORTUNITIES FOR INTERNATIONAL JOURNALISTS, MEDIA EXECUTIVES, PRODUCERS, AND INFLUENCERS. THESE PROGRAMS INCLUDE REPORTING TOURS, PROFESSIONAL RESIDENCIES, TRAINING INSTITUTES, AND SHORT-TERM STUDY TOURS DESIGNED TO SUPPORT PARTICIPANTS' PROFESSIONAL DEVELOPMENT AND TO CONNECT PARTICIPANTS WITH AMERICAN EXPERTS AND PEERS;

4c (Code:) (Expenses \$ 2,003,193. including grants of \$ 65,522.) (Revenue \$ 0.) CULTURAL PROGRAMS - MERIDIAN IS THE LEADING CENTER IN THE UNITED STATES THAT EMPLOYS THE ARTS AND CULTURE AS AN EFFECTIVE TOOL OF DIPLOMACY AND CROSS-CULTURAL UNDERSTANDING. FROM VIBRANT VISUAL ART DISPLAYS TO FILM SCREENINGS, DELEGATIONS AND CONCERTS, MERIDIAN'S CULTURAL PROGRAMS AIM TO STRENGTHEN RELATIONSHIPS WORLDWIDE BY BRINGING TOGETHER PEOPLE FROM DIVERSE COMMUNITIES TO CELEBRATE SHARED INTERESTS AND COMMON VALUES. IN ADDITION TO CULTURAL EXCHANGES RANGING FROM MURALS AND HIP HOP TO THEATRE ARTS, ART EXHIBITIONS CREATE IMPACTFUL AND POSITIVE IMPRESSIONS OF THE UNITED STATES THAT ARE MORE IMPORTANT THAN EVER TO BOLSTER U.S. GLOBAL ENGAGEMENT. THESE EXHIBITIONS HAVE REACHED MILLIONS IN MORE THAN 310 CITIES IN 79 COUNTRIES WORLDWIDE. MAJOR CULTURAL PROGRAMS IN 2022 INCLUDED THE UAE-U.S.: 50 YEARS IN

4d Other program services (Describe on Schedule O.) (Expenses \$ 613,515. including grants of \$) (Revenue \$ 0.)

4e Total program service expenses 26,688,811.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included on line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, DC, FL, GA, IL, MD, MA, MI, NJ, NY, RI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records Theresa Furman - (202) 939-5532 1630 Crescent Place NW, Washington, DC 20009

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THE HONORABLE STUART HOLLIDAY CEO	40.00	X		X				355,091.	0.	62,362.
(2) LEE SATTERFIELD PRESIDENT & COO (THRU 11/2021)	40.00			X				259,110.	0.	54,909.
(3) NATALIE HALLAHAN EXEC. VICE PRESIDENT	40.00			X				205,507.	0.	37,896.
(4) THERESA FURMAN CFO	40.00			X				192,803.	0.	34,347.
(5) KELLY CAMPAGNE CHIEF TALENT & ADMIN. OFFICE	40.00			X				175,278.	0.	47,439.
(6) PURU TRIVEDI VP, EXTERNAL & CORPORATE AFFAIRS	40.00				X			179,815.	0.	10,938.
(7) SILBI STANTON SENIOR DIRECTOR	40.00				X			152,507.	0.	37,656.
(8) HENRY COLLINS DEPUTY VP, IVLP (12/2021)	40.00				X			151,591.	0.	20,800.
(9) BETELIHEM HAILE DIRECTOR OF FINANCE	40.00					X		136,585.	0.	32,201.
(10) MYRA BEST VP & DIRECTOR, IVLP	40.00					X		132,097.	0.	33,115.
(11) DALLAS PEARSON DIRECTOR, FIN. PLANNING & ANALYSIS	40.00					X		128,769.	0.	22,445.
(12) FRANK JUSTICE VICE PRESIDENT, MCDE	40.00					X		128,260.	0.	15,246.
(13) TERRY HARVEY VICE PRESIDENT, MCCD	40.00					X		124,227.	0.	14,082.
(14) SUSAN CABIATI FORMER SR. VP, PED (THRU 2/2021)	40.00						X	104,524.	0.	5,440.
(15) THE HONORABLE ANN STOCK CHAIRMAN	1.00	X		X				0.	0.	0.
(16) DEBORAH ASHFORD BOARD COUNSEL	1.00	X		X				0.	0.	0.
(17) FRED HOCHBERG VICE CHAIR	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGAN BYER BOARD SECRETARY	1.00	X		X				0.	0.	0.
(19) THE HONORABLE DWIGHT BUSH CHAIR - GLOBAL ENGAGEMENT	1.00	X						0.	0.	0.
(20) SEAN C. CAHILL CHAIR - FACILITIES & PRESERVATION	1.00	X						0.	0.	0.
(21) STEVE QUAMME CHAIR - FINANCE & AUDIT	1.00	X						0.	0.	0.
(22) FRED HUMPHRIES CO-CHAIR - DEVELOPMENT	1.00	X						0.	0.	0.
(23) SOLEDAD HURST CHAIR - GOV. & NOMINATING	1.00	X						0.	0.	0.
(24) ROBERT ABERNETHY TRUSTEE	1.00	X						0.	0.	0.
(25) MICHAEL ALLEN TRUSTEE	1.00	X						0.	0.	0.
(26) BELA BAJARIA TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								2,426,164.	0.	428,876.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,426,164.	0.	428,876.

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 22

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP, 331 WEST 3RD ST, SUITE 200, DAVENPORT, IA 52801	PROFESSIONAL SERVICES	274,304.
ARMFIELD, HARRISON & THOMAS INC 20 S. KING STREET, LEESBURG, VA 20175	INSURANCE	202,525.
LIFE STRATEGIS CONSULTING GROUP LLC 1105 RAVINA DR, APT 202, CHATHAM, IL 62629	PROFESSIONAL SERVICES	134,200.
BOLT MSP 14 COMMERCE DR, CRANFORD, NJ 07016	PROFESSIONAL SERVICES	128,721.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,635,024.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	28,471,924.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,354,578.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 400.				
	h Total. Add lines 1a-1f			35,461,526.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		124,551.			124,551.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	708,028.			
			(ii) Personal				
	b Less: rental expenses ...	6b	52,606.				
	c Rental income or (loss)	6c	655,422.				
	d Net rental income or (loss)			655,422.	478.	654,944.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,339,258.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,335,121.				
	c Gain or (loss)	7c	4,137.				
d Net gain or (loss)			4,137.		4,137.		
8 a Gross income from fundraising events (not including \$ 1,635,024. of contributions reported on line 1c). See Part IV, line 18	8a		57,850.				
b Less: direct expenses	8b	329,219.					
c Net income or (loss) from fundraising events			-271,369.		-271,369.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			35,974,267.	0.	478.	512,263.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,659,510.	1,659,510.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,198,970.	1,198,970.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,426,165.	605,271.	1,172,257.	648,637.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,118,889.	5,633,407.	2,004,198.	481,284.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	774,218.	475,240.	225,506.	73,472.
9 Other employee benefits	956,580.	587,180.	278,623.	90,777.
10 Payroll taxes	985,989.	605,232.	287,189.	93,568.
11 Fees for services (nonemployees):				
a Management				
b Legal	62,792.	12,270.	50,522.	
c Accounting	129,600.		129,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	55,597.		55,597.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,377,527.	1,312,988.	931,114.	133,425.
12 Advertising and promotion	39,689.	16,157.	14,044.	9,488.
13 Office expenses	138,459.	61,851.	66,919.	9,689.
14 Information technology	384,805.	69,469.	279,464.	35,872.
15 Royalties				
16 Occupancy	880,800.	207,653.	659,667.	13,480.
17 Travel	12,583,600.	12,550,937.	12,304.	20,359.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,799,325.	1,651,871.	51,540.	95,914.
20 Interest	118,068.		118,068.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	307,061.		307,061.	
23 Insurance	158,202.	2,157.	156,045.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	171,290.	38,648.	113,617.	19,025.
25 Total functional expenses. Add lines 1 through 24e	35,327,136.	26,688,811.	6,913,335.	1,724,990.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,700.	1	21,132.
	2 Savings and temporary cash investments	4,514,795.	2	3,417,617.
	3 Pledges and grants receivable, net	1,901,543.	3	3,841,309.
	4 Accounts receivable, net	471,440.	4	1,773,319.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	654,380.	9	664,426.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,991,275.		
	b Less: accumulated depreciation	10b 10,417,875.		
	11 Investments - publicly traded securities	3,855,766.	10c	3,573,400.
	12 Investments - other securities. See Part IV, line 11	8,841,210.	11	8,948,993.
	13 Investments - program-related. See Part IV, line 11		12	854,455.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,272,783.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,513,617.	15	1,268,596.	
		16	24,363,247.	
Liabilities	17 Accounts payable and accrued expenses	2,180,462.	17	5,029,312.
	18 Grants payable		18	
	19 Deferred revenue	4,563,982.	19	4,566,100.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,996,252.	23	2,940,829.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	580,430.	25	489,856.
	26 Total liabilities. Add lines 17 through 25	10,321,126.	26	13,026,097.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,444,255.	27	10,199,487.
	28 Net assets with donor restrictions	748,236.	28	1,137,663.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,192,491.	32	11,337,150.
33 Total liabilities and net assets/fund balances	21,513,617.	33	24,363,247.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,974,267.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,327,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	647,131.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,192,491.
5	Net unrealized gains (losses) on investments	5	-502,472.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,337,150.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,624,129.	40,716,222.	24,974,188.	15,424,958.	35,461,526.	152,201,023.
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	35,624,129.	40,716,222.	24,974,188.	15,424,958.	35,461,526.	152,201,023.
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)						
6 Public support. Subtract line 5 from line 4.						152,201,023.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	35,624,129.	40,716,222.	24,974,188.	15,424,958.	35,461,526.	152,201,023.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	710,865.	651,031.	311,958.	452,630.	124,551.	2,251,035.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...		8,615.				8,615.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	111,267.	108,850.	350,259.	33,710.	57,850.	661,936.
11 Total support. Add lines 7 through 10						155,122,609.
12 Gross receipts from related activities, etc. (see instructions)					12	49,153.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.12	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.70	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

2017 AMOUNT: \$ 106,600.

2018 AMOUNT: \$ 108,850.

2019 AMOUNT: \$ 350,259.

2020 AMOUNT: \$ 33,710.

2021 AMOUNT: \$ 57,850.

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 4,667.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 28,340,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
-----------------------------------------------------------	--------------------------------------------------

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

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

Name of organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
------------------------------------------------------------------	--------------------------------------------------

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MERIDIAN INTERNATIONAL CENTER **Employer identification number** 53-0259663

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)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	<u>0.</u>
(ii) Assets included in Form 990, Part X	▶ \$	<u>249,850.</u>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,638,625.	8,080,586.	7,824,746.	7,436,217.	7,170,920.
b Contributions					
c Net investment earnings, gains, and losses	-387,481.	962,483.	803,843.	1,001,073.	819,399.
d Grants or scholarships					
e Other expenditures for facilities and programs	50,703.	350,015.	500,000.	563,000.	507,585.
f Administrative expenses	55,622.	54,429.	48,003.	49,544.	46,517.
g End of year balance	8,144,819.	8,638,625.	8,080,586.	7,824,746.	7,436,217.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		735,695.		735,695.
b Buildings		2,523,167.	1,704,272.	818,895.
c Leasehold improvements		7,811,429.	6,375,495.	1,435,934.
d Equipment		2,671,135.	2,338,108.	333,027.
e Other		249,849.		249,849.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,573,400.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PROPERTY HELD FOR SALE	1,055,937.
(2) DEFERRED COMP ASSET	212,659.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,268,596.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMP LIABILITY	212,659.
(3) REFUNDABLE ADVANCE - PAYCHECK PROTECTION	277,197.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	489,856.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,798,023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-502,472.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-502,472.
3	Subtract line 2e from line 1		3	36,300,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,597.	
b	Other (Describe in Part XIII.)	4b	-381,825.	
c	Add lines 4a and 4b		4c	-326,228.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	35,974,267.

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

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

1	Total expenses and losses per audited financial statements		1	35,653,364.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	381,825.	
e	Add lines 2a through 2d		2e	381,825.
3	Subtract line 2e from line 1		3	35,271,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,597.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	55,597.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	35,327,136.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE COLLECTION OF ARTWORK AND ANTIQUES IS MAINTAINED IN MERIDIAN'S HISTORICAL HOUSES. IT IS AVAILABLE FOR PUBLIC EXHIBITION UPON REQUEST AND IS BEING PRESERVED FOR FUTURE GENERATIONS.

PART V, LINE 4:

TO PRESERVE AND OPTIMIZE FUNDS AVAILABLE FOR CURRENT AND FUTURE NEEDS WHILE PRESERVING PRINCIPLE. THE BOARD OF TRUSTEES USES ITS DISCRETION TO ALLOW STRATEGIC USE OF FUNDS FOR OPERATIONS AND PRESERVATION OF HISTORIC FACILITIES.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

MERIDIAN IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT FOR UNRELATED BUSINESS

INCOME. MERIDIAN HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE

MAINTENANCE OF ITS TAX-EXEMPT STATUS: TO IDENTIFY AND REPORT UNRELATED

INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR

WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE

CONSIDERED TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B	-329,219.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	-52,606.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-381,825.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B	329,219.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	52,606.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	381,825.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

MERIDIAN INTERNATIONAL CENTER

53-0259663

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	124,349.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	283,015.
EUROPE - INCLUDING ICELAND & GREENLAND	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	413,216.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	283,461.
NORTH AMERICA - INCLUDING CANADA AND MEXICO	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	27,451.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	130,841.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	190,582.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	204,425.
3 a Subtotal	0	0			1,657,340.
b Total from continuation sheets to Part I	0	0			1,480,838.
c Totals (add lines 3a and 3b)	0	0			3,138,178.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS	281,867.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		31,905.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		88,668.
EUROPE - INCLUDING ICELAND & GREENLAND	0	0	GRANT MAKING		234,817.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING		78,230.
NORTH AMERICA - INCLUDING CANADA AND MEXICO	0	0	GRANT MAKING		13,480.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING		156,011.
SOUTH AMERICA	0	0	GRANT MAKING		111,798.
SOUTH ASIA	0	0	GRANT MAKING		63,759.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		420,303.
Totals					1,480,838.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	GRANT TO AMERICAN UNIVERSITY OF CENTRAL ASIA	62,682.	EFT- WIRE, WESTERN UNION OR ACH	0.	NONE	CASH
		SOUTH ASIA	GRANT TO AFGHANISTAN'S NEW GENERATION ORGANIZATION (ANGO)	5,340.	EFT - WIRE, WESTERN UNION OR ACH	0.	NONE	CASH

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

3 Enter total number of other organizations or entities **1**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PARTICIPANT SUPPORT GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	7	31,905.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	EAST ASIA AND THE PACIFIC	24	88,668.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	EUROPE (INCLUDING ICELAND & GREENLAND)	58	234,817.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	MIDDLE EAST AND NORTH AFRICA	27	78,230.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	NORTH AMERICA	4	13,480.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	RUSSIA AND NEIGHBORING STATES	28	93,329.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	SOUTH AMERICA	27	111,798.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	SOUTH ASIA	18	58,419.	WIRES, ACH, WESTERN UNION	0.		
PARTICIPANT SUPPORT GRANTS	SUB-SAHARAN AFRICA	127	420,303.	WIRES, ACH, WESTERN UNION	0.		

Schedule F (Form 990) 2021

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

MERIDIAN HAS ESTABLISHED A GRANTS MANAGEMENT POLICY TO MANAGE ALL AWARDS FROM THE PRE-AWARD PHASE THROUGH POST-AWARD ACTIVITY AND GRANT-CLOSEOUT. THIS POLICY FULLY ADDRESSES THE SUBAWARDS AND IS IN COMPLIANCE WITH THE UNIFORM GUIDANCE AS REQUIRED. THIS POLICY IS APPLIED TO ALL GRANT AWARDS, INCLUDING SUB AWARDS, DOMESTIC AND FOREIGN, IF ANY. IN ADDITION, THIS POLICY ADDRESSES MERIDIAN'S SMALL PARTICIPANT SUPPORT GRANTS WHICH ARE AWARDED TO SELECTED PROGRAM PARTICIPANTS, AFTER COMPLETION OF THEIR PROGRAM, FOR PROJECTS TO BE PERFORMED IN HOME COUNTRIES.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BALL/GLOBAL LEADERSHIP SUMMIT (event type)	CULTUREFIX (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,540,874.	152,000.		1,692,874.
	2 Less: Contributions	1,485,274.	149,750.		1,635,024.
	3 Gross income (line 1 minus line 2)	55,600.	2,250.		57,850.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	42,528.	15,337.		57,865.
	7 Food and beverages	72,320.	16,143.		88,463.
	8 Entertainment	3,000.	1,100.		4,100.
	9 Other direct expenses	153,769.	25,022.		178,791.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				329,219.
11 Net income summary. Subtract line 10 from line 3, column (d)				-271,369.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **MERIDIAN INTERNATIONAL CENTER** Employer identification number **53-0259663**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY 555 N. CENTRAL, SUITE 302 PHOENIX, AZ 85004	86-0196696	GOV	150,939.	0.			PROGRAM SUPPORT
BARD COLLEGE PO BOX 5000 ANNANDALE ON HUDSON, NY 12504	14-1713034	501C3	38,611.	0.			PROGRAM SUPPORT
DIALOG INSTITUTE 1700 NORTH BROAD STREET SUITE 315 PHILADELPHIA, PA 19121	23-2715057	501C3	182,507.	0.			PROGRAM SUPPORT
FOUNDATION FOR INT'L UNDERSTANDING THROUGH STUDENTS - UNIVERSITY OF WASHINGTON, BOX 352233, HUB 206 - SEATTLE, WA 98195	91-0646781	501C3	190,706.	0.			PROGRAM SUPPORT
GLOBAL TIES ALABAMA 555 SPARKMAN DRIVE NW BUILDING 800 HUNTSVILLE, AL 35816	63-0506191	501C3	17,393.	0.			PROGRAM SUPPORT
GLOBAL TIES DETROIT 440 BURROUGHS ST., STE 329 DETROIT, MI 48202	38-1981715	501C3	39,532.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL TIES KC 30 WEST PERSHING ROAD SUITE 405 KANSAS CITY, MO 64108	43-1727811	501C3	24,193.	0.			PROGRAM SUPPORT
INTERNATIONAL FOCUS, INC. P.O.BOX 1815 CLAYTON, NC 27520	56-1597929	C CORP	24,544.	0.			PROGRAM SUPPORT
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM ROAD, ROOM 360 - EAST LANSING, MI 48824	38-6005984	501C3	178,205.	0.			PROGRAM SUPPORT
NORTHERN NEVADA INTERNATIONAL CENTER - 855 WEST SEVENTH STREET, SUITE 270 - RENO, NV 89503	94-2796785	501C3	285,551.	0.			PROGRAM SUPPORT
SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	23-2500361	GOV	136,382.	0.			PROGRAM SUPPORT
TEXAS INTERNATIONAL EDUCATION CONSORTIUM - 1103 WEST 24TH STREET - AUSTIN, TX 78705	74-2383582	501C3	85,354.	0.			PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS 333 SOUTH STREET, SUITE 450 SHREWSBURY, MA 01545-4176	04-3167352	GOV	138,409.	0.			PROGRAM SUPPORT
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	501C3	40,763.	0.			PROGRAM SUPPORT
UTAH COUNCIL FOR CITIZEN DIPLOMACY 1840 S 1300 E SALT LAKE CITY, UT 84105	87-6128308	501C3	12,105.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT COUNCIL ON WORLD AFFAIRS 370 SHELBURNE ROAD #4611 BURLINGTON, VT 05401	03-6010787	501C3	28,592.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF SEATTLE 2200 ALASKAN WAY SEATTLE, WA 98121	91-0586924	501C3	33,726.	0.			PROGRAM SUPPORT
WORLD OREGON 1207 SW BROADWAY, SUITE 300 PORTLAND, OR 97205	93-0568356	501C3	51,998.	0.			PROGRAM SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MERIDIAN MAINTAINS AN UPDATED GRANT MANAGEMENT POLICY AND PROCEDURE MANUAL WHICH CLEARLY EXPLAINS PRE AND POST AWARD PROCESSES THAT THE STAFF NEED TO FOLLOW THROUGHOUT THE LIFE CYCLE OF THE GRANT. THIS INCLUDES GRANT/PROJECT SET-UP, CHARGING OF COSTS AND MONITORING AND REPORTING OF EXPENDITURES. THE MANUAL ALSO INCLUDES PROCESSES AND PROCEDURES RELATED TO PROCUREMENT, SUBAWARDS AND SUBRECIPIENT MONITORING AND PROJECT CLOSEOUT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
------------------------------------------------------------------	-----------------------------------------------------

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 X	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a X	
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7 X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THE HONORABLE STUART HOLLIDAY CEO	(i)	306,951.	40,000.	8,140.	51,359.	11,003.	417,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEE SATTERFIELD PRESIDENT & COO (THRU 11/2021)	(i)	245,419.	11,768.	1,923.	43,001.	11,908.	314,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NATALIE HALLAHAN EXEC. VICE PRESIDENT	(i)	187,343.	17,039.	1,125.	11,884.	26,012.	243,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA FURMAN CFO	(i)	173,841.	17,072.	1,890.	19,849.	14,498.	227,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY CAMPAGNE CHIEF TALENT & ADMIN. OFFICE	(i)	151,936.	17,000.	6,342.	25,167.	22,272.	222,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PURU TRIVEDI VP, EXTERNAL & CORPORATE AFFAIRS	(i)	151,204.	27,500.	1,111.	0.	10,938.	190,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SILBI STAINTON SENIOR DIRECTOR	(i)	133,398.	17,850.	1,259.	17,850.	19,806.	190,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HENRY COLLINS DEPUTY VP, IVLP (12/2021)	(i)	141,695.	4,500.	5,396.	13,800.	7,000.	172,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETELIHEM HAILE DIRECTOR OF FINANCE	(i)	121,302.	14,335.	948.	14,253.	17,948.	168,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MYRA BEST VP & DIRECTOR, IVLP	(i)	122,768.	7,600.	1,729.	13,820.	19,295.	165,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DALLAS PEARSON DIRECTOR, FIN. PLANNING & ANALYSIS	(i)	115,705.	12,150.	914.	1,537.	20,908.	151,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN CABIATI FORMER SR. VP, PED (THRU 2/2021)	(i)	32,263.	0.	72,261.	2,629.	2,811.	109,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE CEO OF MERIDIAN INTERNATIONAL CENTER BELONGS TO THE METROPOLITAN CLUB

WHICH IS ALLOWED PER HIS EMPLOYMENT CONTRACT AND APPROVED BY THE BOARD OF

TRUSTEES BECAUSE IT HAS BEEN DETERMINED THAT MEMBERSHIP SERVES A BUSINESS

PURPOSE AND IS RELATED TO THE CEO'S ROLE AND RESPONSIBILITIES AT THE

ORGANIZATION. THESE AMOUNTS ARE CONSIDERED TAXABLE TO THE CEO.

PART I, LINE 4A:

DURING THE YEAR THERE WAS A SEVERANCE PAYMENT MADE TO A FORMER SR. VP. ALL

AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON

FORM 990, SCHEDULE J, PART II. DUE TO THE CONFIDENTIAL NATURE OF THE TERMS

OF THE SEVERANCE AGREEMENT, THE DETAILS WILL BE PROVIDED TO THE IRS UPON

REQUEST.

PART I, LINE 7:

INCENTIVE AWARDS ARE PAID BASED ON FACTORS INCLUDING PERFORMANCE, RATE OF

PAY, AND AVAILABILITY OF FUNDS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MERIDIAN INTERNATIONAL CENTER IS A NONPARTISAN, NONPROFIT DIPLOMACY
CENTER FOUNDED IN 1960 WITH THE VISION THAT GREATER UNDERSTANDING AND
COLLABORATION BETWEEN THE UNITED STATES AND THE WORLD LEADS TO A MORE
SECURE AND PROSPEROUS FUTURE FOR ALL. HEADQUARTERED IN WASHINGTON, DC,
ON A FOUR-ACRE CAMPUS WITH TWO HISTORIC PROPERTIES, MERIDIAN HAS LONG
SERVED AS A PLACE WHERE GLOBAL LEADERS GATHER, FUTURE LEADERS ARE
FOUND, AND INTERNATIONAL COLLABORATION THRIVES.

FORM 990, PART III, LINE 1, CONTINUED:

WE BELIEVE WE ARE STRONGER AT HOME WHEN GLOBALLY ENGAGED, SO OUR
MISSION IS TO STRENGTHEN ENGAGEMENT BETWEEN THE U.S. AND THE WORLD TO
FIND SOLUTIONS ON SHARED GLOBAL CHALLENGES. WE DO THIS BY PARTNERING
WITH THE U.S. GOVERNMENT, THE PRIVATE SECTOR, AND THE DIPLOMATIC
COMMUNITY ON THREE CORE PILLARS OF PROGRAMS:

-GLOBAL LEADERSHIP: BUILDING THE NEXT GENERATION OF GLOBAL LEADERS
EMPOWERED TO CREATE CHANGE THROUGH EXCHANGE AND TRAINING PROGRAMS

-CULTURE: INCREASING UNDERSTANDING OF THE UNITED STATES AND OTHER
COUNTRIES THROUGH SHARED INTERESTS IN ART AND CULTURE

-COLLABORATION: STRENGTHENING POLICY DECISIONS AND OUTCOMES BY
ACCELERATING COLLABORATION ACROSS BORDERS, INDUSTRIES AND SECTORS

MERIDIAN'S MISSION IS TO STRENGTHEN ENGAGEMENT BETWEEN THE UNITED
STATES AND THE WORLD THROUGH DIPLOMACY, LEADERSHIP AND CULTURE TO SOLVE
SHARED GLOBAL CHALLENGES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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OUR CORE VALUES ARE A GLOBAL COMMUNITY; COLLABORATION; EQUITY,
DIVERSITY & INCLUSION; AND INNOVATION.

MERIDIAN'S INTEGRATED PROGRAMMING APPROACH PROVIDES LEADERS WITH
VARIOUS PLATFORMS IN NEUTRAL ENVIRONMENTS TO DEVELOP AN INFORMED GLOBAL
VIEW, CULTURAL AWARENESS AND COLLABORATIVE PEER NETWORKS TO PRODUCE
BETTER OUTCOMES. WHEN LEADERS RETURN HOME AND IMPLEMENT CHANGE, THE
IMPACTS OF MERIDIAN'S PROGRAMS ARE AMPLIFIED ACROSS NUMEROUS ARENAS,
INCLUDING WOMEN'S AND GIRLS' EMPOWERMENT, BUSINESS AND TRADE, HUMAN AND
CIVIL RIGHTS, AND ENERGY AND THE ENVIRONMENT. DIRECTLY IMPACTING THE
QUALITY OF LIFE FOR PEOPLE AROUND THE GLOBE, THESE ISSUES ARE PIVOTAL
TO MERIDIAN'S VISION OF A MORE SECURE AND PROSPEROUS WORLD TODAY AND
FOR GENERATIONS TO COME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON A FOUR-ACRE CAMPUS WITH TWO HISTORIC PROPERTIES, MERIDIAN HAS LONG
SERVED AS A PLACE WHERE GLOBAL LEADERS GATHER, FUTURE LEADERS ARE
FOUND, AND INTERNATIONAL COLLABORATION THRIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MERIDIAN RETURNED TO HOSTING IVLP PARTICIPANTS IN MARCH 2022. BY
YEAR-END, WE HAD HOSTED 1,330 IVLP PARTICIPANTS IN 167 PROJECTS,
INCLUDING 152 PARTICIPANTS ON 15 VIRTUAL PROJECTS. PROGRAM TOPICS
RANGED FROM THE RULE OF LAW AND HUMAN RIGHTS TO YOUTH ENGAGEMENT, U.S.
FOREIGN POLICY, CYBERSECURITY AND DISINFORMATION.

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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HIGHLIGHTS INCLUDED:

1) THE INTERNATIONAL WOMEN OF COURAGE EXCHANGE AN ANNUAL PROJECT IN CONJUNCTION WITH THE SECRETARY'S AWARD FOR INTERNATIONAL WOMEN OF COURAGE. THIS YEAR'S AWARDEES PARTICIPATED IN A VIRTUAL PROJECT WITH INDIVIDUAL PROGRAMMING IN CITIES ACROSS THE UNITED STATES,

2) THE BRITISH AMERICAN PARLIAMENTARY GROUP, ANOTHER HIGH-PROFILE ANNUAL EXCHANGE WITH EIGHT MEMBERS OF PARLIAMENT SHADOWING MEMBERS OF CONGRESS IN THEIR HOME DISTRICTS AND 3) THE STATE DEPARTMENT'S FIRST ITERATION OF THE SUMMIT FOR DEMOCRACY IVLP INITIATIVE, WHICH BROUGHT TOGETHER MAYORS AND MUNICIPAL LEADERS FROM AROUND THE WORLD TO FOCUS ON STRENGTHENING DEMOCRACY, ADVANCING RESPECT FOR HUMAN RIGHTS AND FIGHTING GLOBAL CORRUPTION. MERIDIAN ALSO LAUNCHED THE FIRST ITERATION OF THE DEPARTMENT OF STATE'S IVLP IMPACT AWARDS, ALLOWING ALUMS TO ADMINISTER COMMUNITY IMPACT PROJECTS THAT BUILD UPON THEIR EXCHANGE EXPERIENCE IN THEIR COMMUNITIES. OVER 220 AWARDS WERE IMPLEMENTED ON THEMES RANGING FROM COMBATTING DISINFORMATION AND SUPPORTING A FREE PRESS TO STEM (SCIENCE, TECHNOLOGY, ENGINEERING & MATHEMATICS) AND CYBERSECURITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

2) YOUTH LEADERSHIP AND EDUCATION: MERIDIAN PARTNERS WITH U.S. ORGANIZATIONS AND U.S. INSTITUTES OF HIGHER EDUCATION TO DEVELOP ACADEMIC AND LEADERSHIP RESIDENCY AND TRAINING PROGRAMS FOR INTERNATIONAL YOUTH PARTICIPANTS. THESE PROGRAMS ARE DESIGNED TO ESTABLISH LONG-LASTING AND POSITIVE RELATIONSHIPS BETWEEN THEIR PEERS AND U.S. CITIZENS; AND

3) OUTBOUND EXCHANGES: U.S. SUBJECT MATTER EXPERTS, PROFESSIONALS, AND ACADEMICS ENGAGE WITH AUDIENCES AROUND THE WORLD VIA VIRTUAL LECTURE

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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SERIES AND SEMINARS, FOSTERING MEANINGFUL COLLABORATION IN THE FIELDS

OF SCIENCE, TECHNOLOGY, GOOD GOVERNANCE, AND JOURNALISM.

2022 WELCOMED THE RETURN OF IN-PERSON EXCHANGE PROGRAMS. THE NEXT30

YOUNG LEADERS OF CENTRAL ASIA PROGRAM, FUNDED BY THE U.S. DEPARTMENT OF

STATE, HOSTED 30 YOUNG LEADERS FROM FIVE CENTRAL ASIAN COUNTRIES.

TRAVELING IN THREE COHORTS THIS SUMMER AND FALL, THE GROUP VISITED

THREE AMERICAN CITIES: WASHINGTON, DC; AUSTIN, TEXAS; AND SAN

FRANCISCO, CALIFORNIA. THEY NETWORKED WITH THEIR AMERICAN PEERS AND

PARTICIPATED IN DISCUSSIONS ABOUT START-UP CULTURE, FEMALE EMPOWERMENT,

INDEPENDENT JOURNALISM, AND SOCIAL ENTREPRENEURSHIP.

WE CONTINUED OUR PARTNERSHIP WITH THE STATE DEPARTMENT'S BUREAU OF

EDUCATIONAL AND CULTURAL AFFAIRS VIA OUR TWO SUSI STUDENT LEADER

PROGRAMS, WELCOMING ALMOST 250 INTERNATIONAL UNDERGRADUATES TO ACADEMIC

INSTITUTES IN THE U.S. SOME OF THE CURRICULUM TOPICS INCLUDED CIVIC

ENGAGEMENT, EDUCATION, THE FUTURE OF WORK, ENTREPRENEURSHIP, ECONOMIC

DEVELOPMENT, ENVIRONMENTAL ISSUES, JOURNALISM, MEDIA, RELIGIOUS

PLURALISM IN THE U.S., THE RULE OF LAW AND PUBLIC SERVICE. STUDENTS

FROM 56 COUNTRIES EXPERIENCED AN IN-DEPTH INVESTIGATION INTO THESE

PROGRAM THEMES AND ENHANCED THEIR UNDERSTANDING OF AMERICAN VALUES. THE

INSTITUTES FEATURED A FOUR-WEEK ACADEMIC RESIDENCY THAT INCLUDED

COMMUNITY SERVICE ACTIVITIES, LEADERSHIP DEVELOPMENT SESSIONS,

OPPORTUNITIES FOR INTERACTION WITH AMERICAN PEERS, AND EXCURSIONS OF

CULTURAL AND HISTORICAL SIGNIFICANCE. THE RESIDENCIES ARE THEN FOLLOWED

BY A CASE STUDY TOUR TO A GEOGRAPHICALLY AND DEMOGRAPHICALLY DIVERSE

REGION OF THE UNITED STATES, UNDERSCORING THE ABOVE PROGRAM THEMES AND

ENRICHING THE PARTICIPANTS' EXPERIENCE.

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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SINCE 2006, MERIDIAN HAS SUPPORTED THE U.S. DEPARTMENT OF STATE'S FOREIGN PRESS CENTER (F.P.C.) REPORTING TOURS AND MEDIA CO-OPS, IMPLEMENTING OVER 60 PROJECTS ANNUALLY THAT BRING JOURNALISTS FROM ACROSS THE WORLD TO REPORT FROM THE U.S. TO PROMOTE THE DEPTH, ACCURACY, AND BALANCE OF FOREIGN REPORTING THROUGH DIRECT ACCESS TO AUTHORITATIVE AMERICAN INFORMATION SOURCES. IN NOVEMBER, MERIDIAN IMPLEMENTED AN F.P.C. INTERNATIONAL REPORTING TOUR ON THE 2022 U.S. MIDTERM ELECTIONS, IN WHICH 224 RADIO, PRINT, AND BROADCAST JOURNALISTS FROM 22 COUNTRIES TRAVELED TO ARIZONA AND NORTH CAROLINA FOR A CHANCE TO REPORT ON THE AMERICAN DEMOCRATIC PROCESS UP CLOSE. THE JOURNALISTS GAINED NEW PERSPECTIVES ON THE U.S. GOVERNMENT BY INTERVIEWING ELECTION OFFICIALS, LOCAL PARTY LEADERS, POLICY EXPERTS, AND CANDIDATES AT THE POLLS. THEY REPORTED TO THEIR RESPECTIVE COUNTRIES ON A PARTICULARLY DYNAMIC MIDTERM ELECTION CYCLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERSHIP EXHIBITION, A RETROSPECTIVE ON THE U.S. U.A.E. RELATIONS SHOWN THROUGH DIPLOMATIC EXCHANGES AND CULTURAL TIES IN PARTNERSHIP WITH U.S. EMBASSY ABU DHABI AND THE U.A.E. EMBASSY IN WASHINGTON, D.C.

ADDITIONALLY, MERIDIAN HOSTED THE UNLIMITED: COLLECTIVE EXHIBITION SHOWCASING EGYPTIAN ARTISTS EXHIBITION IN PARTNERSHIP WITH THE EGYPTIAN EMBASSY IN WASHINGTON, D.C. THE EXHIBITION SHOWCASED A COLLECTION OF CONTEMPORARY EGYPTIAN ARTISTS.

MERIDIAN ALSO ARRANGED RESIDENCIES IN THE UNITED ARAB EMIRATES, ECUADOR, POLAND, GHANA, ARGENTINA, AND BARBADOS AND AN ORIENTATION FOR

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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HIP HOP ARTIST-EDUCATORS THROUGH NEXT LEVEL, A PROGRAM ORGANIZED IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE AND THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. MERIDIAN HOSTED A TWO-WEEK PROGRAM FOR ARTISTS FROM 13 COUNTRIES IN WASHINGTON, DC AND NEW YORK, NY, AS PART OF THE NEXT LEVEL PROGRAM. OTHER CULTURAL PROGRAMS INCLUDED A PANEL DISCUSSION ON THE HISTORY OF GLOBAL CINEMA, A PANEL DISCUSSION HOSTED WITH THE EMBASSY OF GUATEMALA ON MAYAN ARCHAEOLOGICAL DISCOVERIES, AND A SYMPOSIUM FOR SCHOLARS TO SHARE RESEARCH ON CULTURAL DIPLOMACY, ALL OF WHICH WERE PART OF THE GLOBAL HUMANITIES INITIATIVE WITH THE NATIONAL ENDOWMENT FOR THE HUMANITIES. LASTLY, MERIDIAN HOSTED A VIRTUAL PANEL ON THE ROOTS OF BLACK AMERICAN CLASSICAL MUSIC. MERIDIAN CONTINUES DIVERSIFYING ITS CULTURAL OFFERINGS WITH BOTH THE PUBLIC AND PRIVATE SECTORS. IT REMAINS A VITAL PARTNER FOR THE U.S. GOVERNMENT IN DEVELOPING ARTS PROGRAMS TO SUPPORT U.S. FOREIGN POLICY GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIPLOMATIC ENGAGEMENT - MERIDIAN'S CENTER FOR DIPLOMATIC ENGAGEMENT IS AN EDUCATIONAL AND NETWORKING HUB THAT STRENGTHENS THE U.S. INTERNATIONAL AFFAIRS TALENT ECOSYSTEM THROUGH TRAININGS AND PROMOTES COLLABORATION BETWEEN THE INTERNATIONAL DIPLOMATIC CORPS AND THE U.S. PUBLIC AND PRIVATE SECTORS. IN 2022, OVER 600 DIPLOMATS FROM 147 EMBASSIES PARTICIPATED IN THE DIPLOMATIC ENGAGEMENT CENTER'S 25 DIALOGUES AND OTHER ENGAGEMENTS ALONGSIDE GOVERNMENT, BUSINESS, CIVIL SOCIETY, AND NEXT-GENERATION LEADERS. THESE PROGRAMS INCLUDE POLICY ROUNDTABLES, WORKSHOPS, TRAININGS, PANEL DISCUSSIONS, RECEPTIONS, AND SUMMITS.

MERIDIAN'S INSIGHTS AND DIPLOCRAFT SERIES CONSTITUTES THE BULK OF THE

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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PROGRAMS, PROVIDING INTERNATIONAL AMBASSADORS WITH OPPORTUNITIES TO

HEAR DIRECTLY FROM LEADERS AT THE FEDERAL AND SUBNATIONAL LEVELS.

DIPLOMACY IS A PLATFORM FOR DIPLOMATS TO EXPLORE AND DISCUSS POLICY

ISSUES FROM MULTIPLE PERSPECTIVES TO BETTER UNDERSTAND THE U.S.

GOVERNMENT AND POLITICAL SYSTEM. PROGRAMS IN 2022 INCLUDED DISCUSSIONS

ON U.S. FEDERALISM, PRESERVING DEMOCRACY, MID-TERM ELECTIONS,

DEVELOPMENT ASSISTANCE, GLOBAL HEALTH AND SCIENCE DIPLOMACY.

MERIDIAN'S FLAGSHIP EVENTS ARE THE ANNUAL GLOBAL LEADERSHIP SUMMIT AND

DIPLOMACY FORUM. THE OCTOBER 2021 SUMMIT EXPLORED HOW GOVERNMENTS,

BUSINESSES AND PRIVATE SECTORS IN THE U.S. AND AROUND THE WORLD ARE

TACKLING TODAY'S GREATEST PROBLEMS THROUGH AN INCREASINGLY-RELEVANT

ENVIRONMENT, SOCIAL, AND GOVERNANCE (E.S.G.) LENS. THE 2022 DIPLOMACY

FORUM EXAMINED THE EVOLVING NATURE OF STATECRAFT IN THREE AREAS OF

LIMITED SOVEREIGNTY SPACE, THE ARCTIC AND THE HIGH SEAS. ADMINISTRATION

OFFICIALS, MEMBERS OF CONGRESS, INTERNATIONAL AMBASSADORS, C.E.O.S, AND

JOURNALISTS ARE AMONG THE FEATURED SPEAKERS OF THESE EVENTS.

DIPLOMACYRISE IS MERIDIAN'S INVESTMENT IN THE FUTURE OF DIPLOMACY BY

DEVELOPING THE NEXT GENERATION OF GLOBAL AFFAIRS PRACTITIONERS THAT

REFLECT AMERICA'S DIVERSITY AND ARE EQUIPPED WITH 21ST-CENTURY

STATECRAFT SKILLS AND KNOWLEDGE. THE HIGHLIGHT OF MERIDIAN'S 2022

DIPLOMACYRISE PROGRAMMING WAS A VIRTUAL DIPLOMATIC SKILLS COURSE FOR 25

YOUNG SCIENTISTS, WHICH INCLUDED MODULES ON THE STATE DEPARTMENT,

CULTURAL COMPETENCIES, PROTOCOL, PUBLIC DIPLOMACY AND NEGOTIATION.

EXPENSES \$ 613,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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THE ORGANIZATION REVIEWED AND UPDATED ITS BYLAWS DURING THE TAX YEAR.

UPDATES INCLUDED CHANGES TO THE NUMBER OF BOARD OF TRUSTEE MEMBERS, THE

CHIEF EXECUTIVE OFFICER'S ROLES, RESPONSIBILITIES AND DUTIES,

IDENTIFICATION OF WHO MAY SERVE ON VARIOUS COMMITTEES AND OTHER CHANGES.

FORM 990, PART VI, SECTION B, LINE 11B:

MERIDIAN'S PROCESS FOR THE FORM 990 IS TO HAVE THE FORM REVIEWED BY THE CFO

& CEO, FOLLOWED BY A REVIEW BY THE CHAIRMAN OF THE FINANCE AND AUDIT

COMMITTEE. THE FORM IS DISTRIBUTED TO THE BOARD OF TRUSTEES PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL

CONFLICTS OF INTEREST TO SENIOR MANAGEMENT AS THEY ARISE. CONFLICT OF

INTEREST STATEMENTS ARE UPDATED AND SIGNED BY EMPLOYEES ANNUALLY. TRUSTEES

ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS UPON JOINING THE BOARD OF

TRUSTEES AND THEREAFTER IF SOMETHING CHANGES. ACTUAL CONFLICTS OF TRUSTEES

ARE REPORTED TO THE BOARD OF TRUSTEES. THE SENIOR MANAGEMENT TEAM MEETS AS

NEEDED AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

PERSONS WITH A CONFLICT ARE PROHIBITED FROM ALL DELIBERATIONS AND DECISIONS

RELATED TO THE TRANSACTION INVOLVING THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

CEO COMPENSATION IS DETERMINED BY INDEPENDENT TRUSTEES THROUGH A

COMPENSATION COMMITTEE, WHICH REVIEWS COMPARABLE SALARY INFORMATION FROM

OTHER ORGANIZATIONS, DISCUSSES THIS INFORMATION AND DOCUMENTS ITS DECISION

IN CONTEMPORANEOUS MINUTES. COMPENSATION FOR OFFICERS OR KEY EMPLOYEES IS

DETERMINED BY THE EXECUTIVE VICE PRESIDENT AND THE CHIEF TALENT &

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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ADMINISTRATIVE OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, DC, FL, GA, IL, MD, MA, MI, NJ, NY, RI, TN, VA

FORM 990, PART VI, SECTION C, LINE 19:

MERIDIAN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF

DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT IS CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **MERIDIAN INTERNATIONAL CENTER** Employer identification number **53-0259663**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MERIDIAN GLOBAL LEADERSHIP INSTITUTE - 46-2612419, 1630 CRESCENT PLACE NW, WASHINGTON, DC 20009	EDUCATION & TRAINING	DISTRICT OF COLUMBIA	0.	0.	MERIDIAN INTERNATIONAL CENTER

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MERIDIAN INTERNATIONAL CENTER	Taxpayer identification number (TIN) 53-0259663
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THERESA FURMAN

- The books are in the care of ▶ **1630 CRESCENT PLACE NW - WASHINGTON, DC 20009**

Telephone No. ▶ **(202) 939-5532** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MERIDIAN INTERNATIONAL CENTER	Taxpayer identification number (TIN) 53-0259663
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THERESA FURMAN

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Telephone No. ▶ **(202) 939-5532** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,401.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning OCT 1, 2021, and ending SEP 30, 2022

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MERIDIAN INTERNATIONAL CENTER</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009</p>	<p>D Employer identification number 53-0259663</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 24,363,247.</p>			
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p>L The books are in care of ▶ THERESA FURMAN Telephone number ▶ (202) 939-5532</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	1,401.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		1,401.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,401.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 1,401. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	531390	\$ 1,001.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **CHIEF FINANCIAL OFFICER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: KRISTEN BARNETT Preparer's signature: *Kristen Barnett* Date: 04/07/23 Check if self-employed PTIN: P01234578

Firm's name: RSM US LLP Firm's EIN: 42-0714325

Firm's address: 1001 WATER ST. STE. 500 TAMPA, FL 33602 Phone no. 813-316-2300

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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A Name of the organization MERIDIAN INTERNATIONAL CENTER B Employer identification number 53-0259663 C Unrelated business activity code (see instructions) 531390 D Sequence: 1 of 1

E Describe the unrelated trade or business RENTAL INCOME FROM EVENT WHERE SERVICES RENDERED

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (478), Less returns and allowances, Cost of goods sold, Gross profit (478), Capital gain net income, Net gain (loss), Income (loss) from a partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, Total (478).

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses (250), Depreciation (7), Less depreciation claimed (8a), Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions (SEE STATEMENT 1), Total deductions (1,375), Unrelated business income before net operating loss deduction (-897), Deduction for net operating loss (0), Unrelated business taxable income (-897).

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ACCOUNTING FEES ALLOCATED TO 990-T		1,125.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,125.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 2
RENTAL INCOME FROM EVENT WHERE SERVICES RENDERED		
TO FORM 990-T, SCHEDULE A, LINE E		

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/21	1,001.	0.	1,001.	1,001.
NOL CARRYOVER AVAILABLE THIS YEAR			1,001.	1,001.