

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable:	C Name of organization MERIDIAN INTERNATIONAL CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1630 CRESCENT PLACE NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009 F Name and address of principal officer: STUART HOLLIDAY SAME AS C ABOVE	D Employer identification number 53-0259663 E Telephone number (202) 939-5532 G Gross receipts \$ 45,643,553. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.MERIDIAN.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1960 M State of legal domicile: DC		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	158
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,299.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	7,615.
8	Contributions and grants (Part VIII, line 1h)	8	17
9	Program service revenue (Part VIII, line 2g)	9	17
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	158
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	21
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	21
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	11,299.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	7,615.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	17
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	158
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,011,616.	16b	21
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	11,299.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	7,615.
19	Revenue less expenses. Subtract line 18 from line 12	19	17
20	Total assets (Part X, line 16)	20	158
21	Total liabilities (Part X, line 26)	21	21
22	Net assets or fund balances. Subtract line 21 from line 20	22	11,299.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer THERESA FURMAN, VP, FINANCE & ACCOUNTING Type or print name and title	Date 08/05/2020
Paid Preparer Use Only	Print/Type preparer's name KRISTEN BARNETT Preparer's signature Date 08/05/2020 Check if self-employed <input type="checkbox"/> PTIN P01234578 Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325 Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102 Phone no. 703-336-6400	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

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

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

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

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

4a (Code:) (Expenses \$ 20,119,418. including grants of \$) (Revenue \$)
INTERNATIONAL VISITOR LEADERSHIP PROGRAM (IVLP):

FOR 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 (ECA), MERIDIAN ANNUALLY DEVELOPS AND ADMINISTERS IVLP PROJECTS FOR APPROXIMATELY 1,800 EMERGING INTERNATIONAL LEADERS, WHICH IS ABOUT ONE-THIRD OF THE TOTAL PROGRAM. THE PARTICIPANTS COME TO THE U.S. FROM 172 COUNTRIES AROUND THE WORLD AND REPRESENT DIVERSE FIELDS INCLUDING GOVERNMENT, POLITICS, MEDIA, EDUCATION AND THE JUDICIARY, AMONG OTHER SECTORS. MERIDIAN'S EFFORTS INCLUDE DESIGNING AND DEVELOPING PROGRAM CONTENT, INTRODUCING THE

4b (Code:) (Expenses \$ 11,676,832. including grants of \$ 2,009,521.) (Revenue \$ 40,665.)
CUSTOMIZED EXCHANGE AND TRAINING PROGRAMS:

DURING 2019, MERIDIAN PARTNERED WITH THE U.S. DEPARTMENT OF STATE, THE U.S. TRADE AND DEVELOPMENT AGENCY, U.S. EMBASSIES, LOCAL AND INTERNATIONAL NGOS, INTERNATIONAL INSTITUTIONS AND PRIVATE SECTOR ORGANIZATIONS TO DELIVER CUSTOMIZED EXCHANGE AND TRAINING PROGRAMS TO EDUCATE RISING LEADERS FROM AROUND THE WORLD. THESE PROGRAMS PROVIDE OPPORTUNITIES FOR HUNDREDS OF PARTICIPANTS TO INTERACT WITH U.S. COUNTERPARTS, LEARN FROM MENTORS AND RETURN HOME TO MAKE AN IMPACT IN LOCAL BUSINESS, POLITICAL, AND SOCIAL SECTORS. PROGRAMS INCLUDED TARGETED TRAINING, REPORTING TOURS, AND ALUMNI FOLLOW-ON ACTIVITIES. DURING 2019, MERIDIAN IMPLEMENTED JUST OVER 100 OF THESE PROJECTS,

4c (Code:) (Expenses \$ 1,774,290. including grants of \$ 28,445.) (Revenue \$)
CULTURAL DIPLOMACY PROGRAMS:

THE MERIDIAN CENTER FOR CULTURAL DIPLOMACY IS THE LEADING CENTER IN THE U.S. THAT EMPLOYS THE ARTS AND CULTURE AS A TOOL OF DIPLOMACY AND CROSS-CULTURAL UNDERSTANDING. THE CENTER COLLABORATES WITH EMBASSIES, GOVERNMENTS AND THE PRIVATE SECTOR TO CURATE CULTURAL DIPLOMACY EXHIBITIONS, DELEGATIONS, AND PROGRAMS AROUND THE WORLD.

FROM VIBRANT ART EXHIBITIONS TO FILM SCREENINGS, EXCHANGES AND CONCERTS, MERIDIAN'S CULTURAL PROGRAMS ADVANCE DIPLOMACY GOALS BY PROVIDING A COMMON LANGUAGE THAT BREAKS DOWN BARRIERS AND BRINGS PEOPLE TOGETHER THROUGH SHARED INTERESTS AND VALUES. THESE PROGRAMS HAVE

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ 405,876. including grants of \$) (Revenue \$)

4e Total program service expenses **33,976,416.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15 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>	16 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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	303
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 158		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		17		
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, or 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
b 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 in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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	
b Describe in 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 in 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
b 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BONNIE LARSON TRUSTEE	1.00	X						0.	0.	0.
(2) DEBORAH TAYLOR ASHFORD ESQ. TRUSTEE	1.00	X						0.	0.	0.
(3) HON. ANN STOCK TRUSTEE	1.00	X						0.	0.	0.
(4) HON. FRED HOCHBERG TRUSTEE	1.00	X						0.	0.	0.
(5) HON. LAURIE S. FULTON TRUSTEE	1.00	X						0.	0.	0.
(6) HON. WALTER L. CUTLER TRUSTEE	1.00	X						0.	0.	0.
(7) HON. WILLIAM F. MCSWEENEY TRUSTEE	1.00	X						0.	0.	0.
(8) HON. ISRAEL HERNANDEZ TRUSTEE	1.00	X						0.	0.	0.
(9) JANET BLANCHARD TRUSTEE	1.00	X						0.	0.	0.
(10) JEFFREY MALINAK TRUSTEE	1.00	X						0.	0.	0.
(11) JENNIFER RYAN CROZIER TRUSTEE	1.00	X						0.	0.	0.
(12) JOHN DASHWOOD TRUSTEE	1.00	X						0.	0.	0.
(13) MEGAN BEYER TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL PICKRUM TRUSTEE	1.00	X						0.	0.	0.
(15) SEAN C. CAHILL TRUSTEE	1.00	X						0.	0.	0.
(16) STEVEN QUAMME TRUSTEE	1.00	X						0.	0.	0.
(17) TOM HIGGINS TRUSTEE	1.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BRAD KNOX TRUSTEE	1.00	X						0.	0.	0.
(19) HON. DREW MALONEY TRUSTEE	1.00	X						0.	0.	0.
(20) HON. STUART W. HOLLIDAY PRESIDENT & CEO	40.00			X				330,796.	0.	44,278.
(21) LEE SATTERFIELD EXECUTIVE VICE PRESIDENT	40.00			X				242,243.	0.	30,791.
(22) SUSAN CABIATI SR. VICE PRESIDENT	40.00			X				170,842.	0.	33,428.
(23) THERESA FURMAN VP, FINANCE & ACCOUNTING	40.00			X				168,341.	0.	27,009.
(24) KELLY CAMPAGNE VP, HR & ADMINISTRATION	40.00			X				149,911.	0.	40,831.
(25) GRETCHEN EHLE VP, GLOBALCONNECT	40.00			X				144,761.	0.	17,947.
(26) SEAN CALLAGHAN VP, GLOBALCONNECT	40.00			X				99,284.	0.	26,348.
1b Sub-total								1,306,178.	0.	220,632.
c Total from continuation sheets to Part VII, Section A								675,810.	0.	122,442.
d Total (add lines 1b and 1c)								1,981,988.	0.	343,074.

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 **19**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
AWARDS LIMOUSINE SERVICE, INC, ONE BETHESDA METRO CENTER, BETHESDA, MD 20814	TRANSPORTATION	584,787.
RESIDENCE INN MARRIOTT DC DOWNTOWN 1199 VERMONT AVE NW, WASHINGTON, DC 20005	HOTEL SERVICES	215,274.
THE DARCY 1819 WAZEE STREET, DENVER, CO 80202	HOTEL SERVICES	200,423.
THE WASHINGTON MARRIOTT 1221 22ND STREET NW, WASHINGTON, DC 20037	HOTEL	175,363.
ARMFIELD, HARRISON & THOMAS INC 20 S. KING STREET, LEESBURG, NV 20175	INSURANCE SERVICES	173,864.

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 **20**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NATALIE HALLAHAN SR VP, EXTERNAL AFFAIRS	40.00				X			185,059.	0.	27,900.
(28) BETH HAILE DIRECTOR, FINANCE	40.00				X			121,084.	0.	32,230.
(29) HENRY COLLINS VP & DEP, PED	40.00				X			125,404.	0.	18,697.
(30) TERRY HARVEY VP, MCCD	40.00				X			125,304.	0.	18,522.
(31) MARIA CANELLIS DIRECTOR, EVENTS	40.00				X			118,959.	0.	25,093.
Total to Part VII, Section A, line 1c								675,810.		122,442.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,009,909.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	35,908,740.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,797,573.					
	g Noncash contributions included in lines 1a-1f: \$		3,425.					
	h Total. Add lines 1a-1f							40,716,222.
Program Service Revenue	2 a PROGRAM FEES & ACTIVIT	Business Code	900099	40,665.	40,665.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			40,665.				
	3 Investment income (including dividends, interest, and other similar amounts)			138,080.			138,080.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	(i) Real	512,951.					
	b Less: rental expenses	(ii) Personal	51,136.					
	c Rental income or (loss)		461,815.					
	d Net rental income or (loss)		461,815.					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,126,785.					
	b Less: cost or other basis and sales expenses	(ii) Other	3,480,248.					
	c Gain or (loss)		646,537.					
	d Net gain or (loss)		646,537.					
	8 a Gross income from fundraising events (not including \$ 1,009,909. of contributions reported on line 1c). See Part IV, line 18	a	108,850.					
	b Less: direct expenses	b	306,543.					
	c Net income or (loss) from fundraising events			-197,693.			-197,693.	
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a							
	b							
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				41,805,626.	40,665.	11,299.	1,037,440.	

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 ...	1,826,834.	1,826,834.		
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	211,133.	211,133.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,981,993.	703,336.	1,027,778.	250,879.
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	7,056,345.	4,909,298.	1,766,105.	380,942.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	544,504.	359,714.	156,912.	27,878.
9 Other employee benefits	778,710.	485,529.	237,885.	55,296.
10 Payroll taxes	694,724.	430,627.	220,572.	43,525.
11 Fees for services (non-employees):				
a Management				
b Legal	19,756.		19,756.	
c Accounting	147,600.	33,600.	114,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,524.		49,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,837,243.	1,180,508.	563,800.	92,935.
12 Advertising and promotion	29,851.	7,993.	3,247.	18,611.
13 Office expenses	486,079.	247,871.	202,105.	36,103.
14 Information technology	80,078.	50,343.	24,340.	5,395.
15 Royalties				
16 Occupancy	496,946.	71,703.	424,543.	700.
17 Travel	21,628,864.	21,585,367.	31,391.	12,106.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,014,594.	1,852,615.	77,766.	84,213.
20 Interest	156,668.		156,668.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	370,693.		370,693.	
23 Insurance	109,129.	3,540.	105,589.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP	52,754.	16,405.	34,912.	1,437.
b OTHER EXPENSES	52,373.		50,777.	1,596.
c BAD DEBT	14,508.		14,508.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	40,640,903.	33,976,416.	5,652,871.	1,011,616.
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 SheetCheck 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	2,900.	1	2,900.
	2 Savings and temporary cash investments	1,902,819.	2	1,406,036.
	3 Pledges and grants receivable, net	2,492,889.	3	3,096,652.
	4 Accounts receivable, net	848,188.	4	1,103,813.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	791,091.	9	354,680.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,523,774.		
	b Less: accumulated depreciation	10b 11,102,004.		
	11 Investments - publicly traded securities	4,625,469.	10c	4,421,770.
	12 Investments - other securities. See Part IV, line 11	7,436,217.	11	7,824,747.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,102,163.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,201,736.	15	1,137,604.	
Liabilities	17 Accounts payable and accrued expenses	3,738,631.	16	19,348,202.
	18 Grants payable		17	3,342,642.
	19 Deferred revenue	4,148,134.	18	
	20 Tax-exempt bond liabilities		19	3,836,736.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	3,444,843.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	2,875,397.
	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	46,226.	24	
	26 Total liabilities. Add lines 17 through 25	11,377,834.	25	81,667.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	10,136,442.
	27 Unrestricted net assets	7,032,151.	27	8,352,224.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	791,751.	29	859,536.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,823,902.	33	9,211,760.
	34 Total liabilities and net assets/fund balances	19,201,736.	34	19,348,202.

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Part XI Reconciliation of Net AssetsCheck 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	41,805,626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,640,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,164,723.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,823,902.
5	Net unrealized gains (losses) on investments	5	223,135.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,211,760.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,496,783.	33,853,250.	33,725,029.	35,624,129.	40,716,222.	174,415,413.
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	30,496,783.	33,853,250.	33,725,029.	35,624,129.	40,716,222.	174,415,413.
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.						174,415,413.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	30,496,783.	33,853,250.	33,725,029.	35,624,129.	40,716,222.	174,415,413.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	559,275.	578,059.	762,496.	710,865.	652,071.	3,262,766.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					11,299.	11,299.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	97,102.	89,134.	40,538.	111,267.	108,850.	446,891.
11 Total support. Add lines 7 through 10						178,136,369.
12 Gross receipts from related activities, etc. (see instructions)					12	1,194,561.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.91	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.45	%
16a 33 1/3% support test - 2018. 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 - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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"/>

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2018

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 97,102.

2015 AMOUNT: \$ 89,134.

2016 AMOUNT: \$ 33,538.

2017 AMOUNT: \$ 106,600.

2018 AMOUNT: \$ 108,850.

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 7,000.

2017 AMOUNT: \$ 4,667.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
MERIDIAN INTERNATIONAL CENTER	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		\$ 35,908,740.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

53-0259663

Part II

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

Name of organization	Employer identification number
MERIDIAN INTERNATIONAL CENTER	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

2018**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

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	7,436,217.	7,170,920.	6,612,137.	5,846,944.	5,940,364.
b Contributions				750,000.	
c Net investment earnings, gains, and losses	1,001,073.	819,399.	899,476.	351,213.	-56,921.
d Grants or scholarships					
e Other expenditures for facilities and programs	563,000.	507,585.	300,000.	300,000.	
f Administrative expenses	49,544.	46,517.	40,693.	36,020.	36,499.
g End of year balance	7,824,746.	7,436,217.	7,170,920.	6,612,137.	5,846,944.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 91.26 %
b Permanent endowment ☐ 8.74 %
c Temporarily restricted endowment ☐ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations _____
(ii) related organizations _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		1,100,065.	1,097,250.	2,815.
c Leasehold improvements		8,594,102.	6,473,290.	2,120,812.
d Equipment		3,420,960.	3,030,656.	390,304.
e Other		1,672,952.	500,808.	1,172,144.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,421,770.

Schedule D (Form 990) 2018

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	81,667.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,137,604.

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	81,667.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	81,667.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	42,475,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	223,135.
b	Donated services and use of facilities	2b	138,552.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	361,687.
3	Subtract line 2e from line 1	3	42,113,781.
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	49,524.
b	Other (Describe in Part XIII.)	4b	-357,679.
c	Add lines 4a and 4b	4c	-308,155.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,805,626.

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	41,087,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	138,552.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	357,679.
e	Add lines 2a through 2d	2e	496,231.
3	Subtract line 2e from line 1	3	40,591,379.
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	49,524.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	49,524.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,640,903.

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 PROVIDE FOR CONTINUED FUTURE OPERATIONS OF THE ORGANIZATION'S LONG TERM

ACTIVITIES AND FOR PRESERVATION OF HISTORIC FACILITIES.

PART X, LINE 2:

MERIDIAN IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

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

Part XIII Supplemental Information *(continued)*

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	-306,543.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	-51,136.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-357,679.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B	306,543.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	51,136.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	357,679.

**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

2018Open to Public
Inspection

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

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	GRANTMAKING		93,911.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		3,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		3,000.
NORTH AMERICA	0	0	GRANTMAKING		10,750.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		13,851.
SOUTH AMERICA	0	0	GRANTMAKING		72,675.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		13,946.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	24,600.
3 a Subtotal	0	0			235,733.
b Total from continuation sheets to Part I	0	0			395,707.
c Totals (add lines 3a and 3b)	0	0			631,440.

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

Schedule F (Form 990) 2018

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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	157,329.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	50,128.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	20,524.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	41,161.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	49,241.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	14,818.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	16,301.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	46,205.
Totals					395,707.

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	10,851.	CASH	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Schedule F (Form 990) 2018

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)
INSTITUTIONAL SUPPORT GRANT	CENTRAL AMERICA AND THE CARIBBEAN	99	93,911.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	EAST ASIA AND THE PACIFIC	2	3,000.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	EUROPE (INCLUDING ICELAND & GREENLAND)	2	3,000.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	NORTH AMERICA	13	10,750.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	RUSSIA AND NEIGHBORING STATES	2	3,000.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	SOUTH AMERICA	95	72,675.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	SUB-SAHARAN AFRICA	26	13,946.	WIRE	0.		CASH

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

Schedule F (Form 990) 2018

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.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

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))
		MERIDIAN BALL FY2019 (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	1,118,759.			1,118,759.
	2 Less: Contributions	1,009,909.			1,009,909.
	3 Gross income (line 1 minus line 2)	108,850.			108,850.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	98,941.			98,941.
	7 Food and beverages	64,378.			64,378.
	8 Entertainment	16,244.			16,244.
	9 Other direct expenses	126,980.			126,980.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				306,543.
11 Net income summary. Subtract line 10 from line 3, column (d)				-197,693.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

[illegible]

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

2018

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY, SUITE 9, 3RD FLOOR HADLEY, MA 01035	04-3167352	GOVT	140,869.	0.			PROGRAM SUPPORT
UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR. STOP K5300 AUSTIN, TX 78712	74-6000203	501C3	88,994.	0.			PROGRAM SUPPORT
TEXAS INTERNATIONAL EDUCATION CONSORTIUM - 1103 WEST 24TH STREET - AUSTIN, TX 78705	74-2383582	501C3	3,730.	0.			PROGRAM SUPPORT
WORLDOREGON 1207 SW BROADWAY, SUITE 300 PORTLAND, OR 97205	93-0568356	501C3	87,327.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF OREGON 1207 SW BROADWAY, SUITE 300 PORTLAND, OR 97205	93-0568356	501C3	37,202.	0.			PROGRAM SUPPORT
STUDY OF RELIGIONS ACROSS CIVILIZATIONS, INC. - 1503 12TH STREET, NW - WASHINGTON, DC 20005	46-1457479	501C3	73,900.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL TIES ARKANSAS 16 TOULOUSE CT. LITTLE ROCK, AR 72211	71-0562233	501C3	25,398.	0.			PROGRAM SUPPORT
DIALOGUE INSTITUTE 1700 NORTH BROAD STREET SUITE 315 PHILADELPHIA, PA 19121	23-2715057	501C3	96,583.	0.			PROGRAM SUPPORT
UTAH COUNCIL FOR CITIZEN DIPLOMACY 1840 S 1300 E SALT LAKE CITY, UT 84105	87-6128308	501C3	18,146.	0.			PROGRAM SUPPORT
BALL STATE UNIVESRITY 2000 W UNIVERSITY AVENUE MUNCIE, IN 47306	35-6000221	GOVT	109,106.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF SEATTLE 2200 ALASKAN WAY, SUITE 450 SEATTLE, WA 98121	91-0586924	501C3	29,775.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA - 2500 MONTGOMERY STREET - LOUISVILLE, KY 40212	61-1078276	501C3	10,135.	0.			PROGRAM SUPPORT
GLOBAL TIES MIAMI 2850 S. DOUGLAS ROAD SUITE 305 CORAL GABLES, FL 33134	59-6153212	501C3	21,505.	0.			PROGRAM SUPPORT
GLOBAL TIES KC 30 WEST PERSHING ROAD SUITE 405 KANSAS CITY, MO 64108	43-1727811	501C3	81,717.	0.			PROGRAM SUPPORT
GLOBAL PITTSBURGH 305 34TH STREET PITTSBURGH, PA 15201	25-6067678	501C3	17,538.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLDCHICAGO 309 W WASHINGTON STREET, SUITE 450 CHICAGO, IL 60606	36-2406693	501C3	29,515.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF DALLAS 325 N. ST. PAUL STREET, SUITE 4200 DALLAS, TX 75201	75-0855628	501C3	15,170.	0.			PROGRAM SUPPORT
WORLDBOSTON 33 BROAD STREET, SUITE 803 BOSTON, MA 02109	04-2281954	501C3	23,039.	0.			PROGRAM SUPPORT
WORLDDENVER 3607 MARTIN LUTHER KING JR. BLVD. DENVER, CO 80205	45-4346778	501C3	24,412.	0.			PROGRAM SUPPORT
THE PRESIDENTIAL PRECINCT 427 PARK STREET CHARLOTTESVILLE, VA 22902	46-1084540	501C3	19,900.	0.			PROGRAM SUPPORT
SAN DIEGO DIPLOMACY COUNCIL 4305 UNIVERSITY AVENUE, SUITE 510 SAN DIEGO, CA 92105	95-3477071	501C3	28,166.	0.			PROGRAM SUPPORT
GLOBAL TIES DETROIT 440 BURROUGHS ST., STE 329 DETROIT, MI 48202	38-1981715	501C3	74,387.	0.			PROGRAM SUPPORT
GLOBAL TIES ALABAMA 555 SPARKMAN DRIVE NW BUILDING 800 HUNTSVILLE, AL 35816	63-0506191	501C3	37,884.	0.			PROGRAM SUPPORT
VERMONT COUNCIL ON WORLD AFFAIRS 60 MAIN ST., SUITE 100 BURLINGTON, VT 05401	03-6010787	501C3	101,479.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3 DAY STARTUP, INC. 701 BRAZOS ST. SUITE 533 AUSTIN, TX 78701	27-3279878	501C3	51,979.	0.			PROGRAM SUPPORT
UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C3	118,830.	0.			PROGRAM SUPPORT
CLEVELAND COUNCIL ON WORLD AFFAIRS 812 HURON ROAD, SUITE 620 CLEVELAND, OH 44115	34-0720549	501C3	67,777.	0.			PROGRAM SUPPORT
NORTHERN NEVADA INTERNATIONAL CENTER - 855 WEST SEVENTH STREET, SUITE 270 - RENO, NV 89503	94-2796785	501C3	94,571.	0.			PROGRAM SUPPORT
GLOBAL TIES ABQ PO BOX 30485 ALBUQUERQUE, NM 87190	85-0338419	501C3	19,855.	0.			PROGRAM SUPPORT
BARD COLLEGE PO BOX 5000 ANNANDALE ON HUDSON, NY 12504	14-1713034	501C3	106,912.	0.			PROGRAM SUPPORT
UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 30384-2420	56-6001393	501C3	7,445.	0.			PROGRAM SUPPORT
FOUNDATION FOR INT'L UNDERSTANDING THROUGH STUDENTS - UNIVERSITY OF WASHINGTON, BOX 352233, HUB 206 - SEATTLE, WA 98195	91-0646781	501C3	163,588.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

2018

Open to Public
Inspection

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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 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) HON. STUART W. HOLLIDAY PRESIDENT & CEO	(i)	308,086.	18,600.	4,110.	33,035.	11,243.	375,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEE SATTERFIELD EXECUTIVE VICE PRESIDENT	(i)	228,633.	13,000.	610.	24,163.	6,628.	273,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN CABIATI SR. VICE PRESIDENT	(i)	157,472.	10,000.	3,370.	17,251.	16,177.	204,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA FURMAN VP, FINANCE & ACCOUNTING	(i)	157,731.	10,000.	610.	6,886.	20,123.	195,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY CAMPAGNE VP, HR & ADMINISTRATION	(i)	134,823.	14,000.	1,088.	15,838.	24,993.	190,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GRETCHEN EHLE VP, GLOBALCONNECT	(i)	134,524.	10,000.	237.	14,585.	3,362.	162,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NATALIE HALLAHAN SR VP, EXTERNAL AFFAIRS	(i)	167,841.	17,000.	218.	0.	27,900.	212,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BETH HAILE DIRECTOR, FINANCE	(i)	115,190.	5,700.	194.	12,552.	19,678.	153,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

IN ADDITION, THE CEO'S WIFE PARTICIPATED IN A MERIDIAN DELEGATION TO THE

UAE DURING THE SPRING OF 2019. THESE AMOUNTS ARE CONSIDERED NONTAXABLE TO

THE CEO.

PART I, LINE 7:

BONUSES ARE PAID OUT BASED ON FACTORS INCLUDING SENIORITY, PERFORMANCE,

RATE OF PAY, AND AVAILABILITY OF FUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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 IS A NONPARTISAN, NONPROFIT DIPLOMACY CENTER THAT CONNECTS
LEADERS THROUGH CULTURE AND COLLABORATION TO DRIVE SOLUTIONS FOR GLOBAL
CHALLENGES. MERIDIAN'S MISSION IS TO STRENGTHEN ENGAGEMENT BETWEEN THE
UNITED STATES AND THE WORLD THROUGH DIPLOMACY, LEADERSHIP AND CULTURE
TO SOLVE SHARED GLOBAL CHALLENGES. MERIDIAN BELIEVES THE UNITED STATES
IS STRONGER AND THE WORLD IS SAFER WHEN LEADERS COLLABORATE ACROSS
COUNTRIES AND CULTURES. MERIDIAN IS DEVELOPING A MORE SECURE,
PROSPEROUS AND INTERCONNECTED WORLD BY EMPOWERING GLOBAL LEADERS TO
CREATE CHANGE, DRIVING SOLUTIONS TO GLOBAL CHALLENGES AND INCREASING
MUTUAL UNDERSTANDING BETWEEN THE UNITED STATES AND OTHER COUNTRIES.

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

MERIDIAN STRENGTHENS U.S. ENGAGEMENT WITH THE WORLD AND ACCELERATES
COLLABORATION ON GLOBAL ISSUES THROUGH THE EXCHANGE OF LEADERS, IDEAS
AND CULTURE. WE BELIEVE THAT THE UNITED STATES IS STRONGER WHEN
GLOBALLY ENGAGED, WORKING WITH OTHER NATIONS TO CREATE A MORE SECURE
AND PROSPEROUS WORLD. FOUNDED NEARLY 60 YEARS AGO AS A NON-PARTISAN,
NON-PROFIT DIPLOMATIC AND GLOBAL LEADERSHIP INSTITUTION, MERIDIAN WORKS
WITH THE U.S. GOVERNMENT, PRIVATE SECTOR AND DIPLOMATIC COMMUNITY TO
DEVELOP EXCHANGE, TRAINING, CULTURE AND CONVENING PROGRAMS TO HELP
LEADERS BETTER ADDRESS THE CHALLENGES AND OPPORTUNITIES OF AN
INCREASINGLY GLOBALIZED SOCIETY. WHILE OUR PROGRAMS ARE GLOBAL THEY ARE
DESIGNED TO BENEFIT THE AMERICAN PEOPLE THROUGH ECONOMIC, POLITICAL AND
SECURITY COOPERATION.

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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OUR PROGRAMS BUILD GLOBAL LEADERS WHO HAVE A MORE INFORMED GLOBAL
PERSPECTIVE, PEER NETWORKS, AND CULTURAL AWARENESS TO DRIVE BETTER
POLICY DECISIONS AND OUTCOMES BY INCREASING UNDERSTANDING BETWEEN THE
U.S. AND OTHER COUNTRIES.

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

VISITORS TO AMERICAN SOCIETY AND CULTURE, AND MANAGING THE PROGRAM'S
LOGISTICS. TOPICS OF THE PROJECTS ARE DIVERSE, AND IN 2019 THE MOST
COMMON THEMES WERE WOMEN LEADERS, EDUCATION, COUNTERING VIOLENT
EXTREMISM, TRAFFICKING IN PERSONS, AND JOURNALISM.

AMONG THE YEAR'S 215 PROJECTS, THE HIGHLIGHTS INCLUDED:

-TOWARDS A MORE SAFE AND SECURE WORLD INITIATIVE EXPLORED COOPERATIVE
EFFORTS TO COMBAT TRANSNATIONAL CRIME AND TO PROMOTE INTERNATIONAL
PEACE AND SECURITY

-WOMEN'S EMPOWERMENT THROUGH SPORTS JOURNALISM FOCUSED ON THE ROLE THAT
SPORTS AND JOURNALISM PLAY IN EMPOWERING WOMEN'S ADVANCEMENT

-A REGIONAL PROJECT FOR THE MIDDLE EAST ON POLITICAL CARTOONING
INVOLVED THEMES OF FREEDOM OF SPEECH AND CAPTURING CURRENT POLITICAL
EVENTS THROUGH THE POWER OF JOURNALISM

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

ENGAGING WITH 1260 PARTICIPANTS FROM 89 COUNTRIES.

MERIDIAN CONCLUDED THE THREE-YEAR YOUTH LEADERS OF THE AMERICAS (YLAI)
PROGRAM. YLAI WELCOMED 250 ENTREPRENEURS FROM LATIN AMERICA AND THE

Name of the organization <div style="text-align: center;">MERIDIAN INTERNATIONAL CENTER</div>	Employer identification number <div style="text-align: center;">53-0259663</div>
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CARIBBEAN (LAC) TO THE UNITED STATES FOR A FOUR-WEEK APPRENTICESHIP

WITH THEIR AMERICAN COUNTERPARTS. FOREIGN PARTICIPANTS WERE MATCHED

WITH A U.S. BUSINESS ENTITY AND MENTORED BY A FELLOWSHIP HOST WITHIN

THE ORGANIZATION. UPON CONCLUDING U.S. BASED-ACTIVITIES, MERIDIAN

SELECTED 60 U.S. FELLOWSHIP HOSTS TO TRAVEL TO THE LAC REGION FOR A

"REVERSE EXCHANGE." MERIDIAN LAUNCHED A NEW PROGRAM INITIATIVE, THE

STUDY OF THE U.S. INSTITUTES FOR GLOBAL STUDENT LEADERS (SUSI), IN

PARTNERSHIP WITH THE EDUCATIONAL AND CULTURAL AFFAIRS BUREAU OF THE

U.S. DEPARTMENT OF STATE. THIS PROGRAM WELCOMED 120 STUDENTS TO THE

U.S. TO GAIN A DEEPER UNDERSTANDING OF U.S. SOCIETY, CULTURE, AND

ACADEMICS. MERIDIAN PARTNERED WITH FIVE INSTITUTES OF HIGHER EDUCATION

AND AFFILIATED ORGANIZATIONS TO FOCUS ON KEY PROGRAM THEMES SUCH AS

CIVIC ENGAGEMENT, ENTREPRENEURSHIP, ECONOMIC DEVELOPMENT, RELIGIOUS

FREEDOM AND PLURALISM, SKILLS BUILDING, AND THE RULE OF LAW.

PARTICIPANTS RETURNED HOME TO IMPLEMENT COMMUNITY ACTION PLANS

DEVELOPED IN THE UNITED STATES.

MERIDIAN ALSO CONTINUED ITS WORK ON THE CENTRAL ASIAN

JOURNALIST-IN-RESIDENCE PROGRAM (CAJIR). THIS PROGRAM BRINGS

JOURNALISTS FROM ACROSS CENTRAL ASIA TO THE UNITED STATES FOR

INDIVIDUAL RESIDENCIES DESIGNED TO IMPROVE PARTICIPANTS' PROFESSIONAL

STANDARDS AND THE CREDIBILITY AND ACCURACY OF REPORTING AND BOLSTER

INDEPENDENT MEDIA IN CENTRAL ASIA. JOURNALISTS-IN-RESIDENCE PARTICIPATE

IN INTENSIVE MONTH-LONG EXCHANGES AT AMERICAN MEDIA ORGANIZATIONS AND

JOURNALISM TRAINING AT LOCAL UNIVERSITIES. THROUGH THESE RESIDENCIES,

JOURNALISTS-IN-RESIDENCE EXPLORE THE STRUCTURE AND OPERATIONS OF

AMERICAN MEDIA OUTLETS AND STRENGTHEN THEIR UNDERSTANDING OF

DISINFORMATION AND SOURCE VERIFICATION. THE CAJIR FALL 2019 PROGRAM WAS

HELD IN FALL OF 2019 IN PARTNERSHIP WITH THE TEXAS INTERNATIONAL

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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EDUCATION CONSORTIUM (TIEC), BASED IN AUSTIN, TEXAS. MERIDIAN AND TIEC

ARRANGED FOUR-WEEK TRAINING OPPORTUNITIES FOR PARTICIPANTS IN LOCAL

NEWSROOMS AND MEDIA OUTLETS IN AUSTIN AND SAN ANTONIO, TEXAS.

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

REACHED MILLIONS OF PEOPLE IN MORE THAN 388 HOST VENUES IN 42 U.S.

STATES AND 64 COUNTRIES.

MAJOR CULTURAL PROGRAMS IN 2019 INCLUDED THE LOOKING BACK, LOOK

FORWARD: CELEBRATING 40 YEARS OF U.S.-CHINA RELATIONS EXHIBITION, A

RETROSPECTIVE ON FORTY YEARS OF U.S.-CHINA RELATIONS SHOWN THROUGH

DIPLOMATIC EXCHANGES AND CULTURAL TIES. THE EXHIBITION OPENED IN FUZHOU

IN PARTNERSHIP WITH THE U.S. EMBASSY IN BEIJING ACCOMPANIED BY AN

INTERACTIVE APP FOR VISITORS TO USE IN THE GALLERY SPACE. MERIDIAN ALSO

CELEBRATED 70 YEARS OF BILATERAL RELATIONS WITH THE 70 FOR 70:

CELEBRATING THE 70TH ANNIVERSARY OF U.S.-INDONESIA RELATIONS 1949-2019

EXHIBITION WHICH INCLUDED A 12-PART PODCAST SERIES AND AN ONLINE

DIGITAL PLATFORM.

IN ADDITION, MERIDIAN ORGANIZED HIP HOP EXCHANGES IN AUSTRALIA,

DOMINICAN REPUBLIC, JORDAN, MEXICO, RUSSIA, AND TURKEY THROUGH NEXT

LEVEL, A PROGRAM ORGANIZED IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF

STATE AND THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. OTHER

CULTURAL PROGRAMS INCLUDED MERIDIAN'S ANNUAL CHINESE NEW YEAR

CELEBRATION WITH THE EMBASSY OF THE PEOPLE'S REPUBLIC OF CHINA, A

SOCIAL MEDIA INFLUENCER DELEGATION TO THE UNITED ARAB EMIRATES TO

EXPLORE THE COUNTRY'S VIBRANT ARTS CULTURE, AND A DELEGATION OF SWEDISH

JOURNALISTS TO WASHINGTON, DC TO EXPLORE AMERICAN MEDIA.

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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MERIDIAN CONTINUES TO DIVERSIFY ITS CULTURAL OFFERINGS WITH BOTH THE PUBLIC AND PRIVATE SECTORS AND REMAINS A VITAL PARTNER FOR THE U.S. GOVERNMENT IN DEVELOPING PROGRAMS TO SUPPORT U.S. FOREIGN POLICY GOALS.

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

DIPLOMATIC ENGAGEMENT PROGRAMS:

MERIDIAN'S CENTER FOR DIPLOMATIC ENGAGEMENT IS AN EDUCATIONAL AND NETWORKING HUB THAT PROMOTES COLLABORATION BETWEEN THE INTERNATIONAL DIPLOMATIC CORPS AND THE U.S. PUBLIC AND PRIVATE SECTORS TO ADDRESS GLOBAL CHALLENGES AND OPPORTUNITIES FACING THE UNITED STATES AND THE WORLD. IN 2019, 530 DIPLOMATS FROM 150 EMBASSIES PARTICIPATED IN THE DIPLOMATIC ENGAGEMENT CENTER'S 26 DIALOGUES AND OTHER ENGAGEMENTS ALONGSIDE GOVERNMENT, BUSINESS, AND CIVIL SOCIETY LEADERS. THESE PROGRAMS INCLUDE POLICY ROUNDTABLES, WORKSHOPS, PANEL DISCUSSIONS, RECEPTIONS, SEMINARS AND SUMMITS. NEARLY 50 OF THESE DIPLOMATS PARTICIPATED IN A SURVEY ON THE CENTER'S PROGRAMS; 95% OF THEM STATED THAT MERIDIAN IMPROVED THEIR ABILITY TO PERFORM EFFECTIVELY IN THE FIELD.

MERIDIAN'S INSIGHTS AND DIPLOCRAFT SERIES CONSTITUTE THE BULK OF THE PROGRAMS. INSIGHTS PROVIDES INTERNATIONAL AMBASSADORS WITH AN OPPORTUNITY TO HEAR DIRECTLY FROM ADMINISTRATION AND CONGRESSIONAL LEADERS, WHILE DIPLOCRAFT 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 2019 INCLUDED DISCUSSIONS ON ADVOCACY, THE IMPORTANCE OF STATE AND LOCAL GOVERNMENT,

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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SECURITY POLICY, PUBLIC HEALTH, ECONOMIC DEVELOPMENT, SANCTIONS,

FOREIGN DIRECT INVESTMENT, AND UNDERSTANDING THE INTRICACIES OF THE

STATE DEPARTMENT.

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

THE DIPLOMACY FORUM. THE OCTOBER 2018 SUMMIT EXPLORED THE INCREASING

INFLUENCE OF DIGITAL TECHNOLOGY AND INNOVATION ON FOREIGN POLICY AND

INTERNATIONAL BUSINESS. MEMBERS OF CONGRESS, INTERNATIONAL AMBASSADORS,

CEOS AND JOURNALISTS WERE AMONG THE FEATURED SPEAKERS. THE 2019

DIPLOMACY FORUM EXAMINED CULTURAL, POLITICAL AND ECONOMIC LINKAGES

BETWEEN THE U.S. AND THE COUNTRIES OF MAINLAND SOUTHEAST ASIA

(CAMBODIA, LAOS, MYANMAR, THAILAND, AND VIETNAM). BY PROVIDING A

NEUTRAL, NONPARTISAN SPACE, MERIDIAN ACCELERATES COLLABORATION ACROSS

SECTORS, BORDERS AND CULTURES ON THE MOST PRESSING ISSUES OF THE DAY.

EXPENSES \$ 405,876. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 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 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

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

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. MERIDIAN'S CEO COMPENSATION COMMITTEE 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 CHIEF TALENT & 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

2018

**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	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

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

Schedule R (Form 990) 2018

Part III

Part IV

Part IV

Schedule R (Form 990) 2018

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.

	Yes	No
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?		
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)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	BUILDINGS	VARIOUS	SL	39.00	MM	16	1,100,065.				1,100,065.	1,096,848.		402.	1,097,250.
	* 990 PAGE 10 TOTAL BUILDINGS						1,100,065.				1,100,065.	1,096,848.		402.	1,097,250.
	MACHINERY & EQUIPMENT														
5	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	3,420,960.				3,420,960.	2,932,471.		98,185.	3,030,656.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,420,960.				3,420,960.	2,932,471.		98,185.	3,030,656.
	OTHER														
1	LAND	VARIOUS	L				735,695.				735,695.			0.	
2	LAND IMPROVEMENTS	VARIOUS	SL	15.00		16	23,102.				23,102.	19,367.		191.	19,558.
4	BUILDING IMPROVEMENTS	VARIOUS	SL	39.00	MM	16	8,594,102.				8,594,102.	6,236,375.		236,915.	5,473,290.
6	COLLECTIONS	VARIOUS	NC	.000	HY		249,850.				249,850.			0.	
7	PARKING GARAGE	VARIOUS	SL	15.00		16	1,400,000.				1,400,000.	446,250.		35,000.	481,250.
	* 990 PAGE 10 TOTAL OTHER						11,002,749.				11,002,749.	6,701,992.		272,106.	5,974,098.
	* GRAND TOTAL 990 PAGE 10 DEPR						15,523,774.				15,523,774.	10,731,311.		370,693.	11,102,004.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

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).

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MERIDIAN INTERNATIONAL CENTER		D Employer identification number (Employees' trust, see instructions.) 53-0259663	
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)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009		E Unrelated business activity code (See instructions.) 900099	
C Book value of all assets at end of year 19,348,202.		F Group exemption number (See instructions.) ▶ 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			

H Enter the number of the organization's unrelated trades or businesses. **▶ 1** Describe the only (or first) unrelated trade or business here **▶ EVENT UNRELATED INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ THERESA FURMAN** Telephone number **▶ (202) 939-5532**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	29,301.				
b	Less returns and allowances		c Balance	29,301.		
2	Cost of goods sold (Schedule A, line 7)			18,002.		
3	Gross profit. Subtract line 2 from line 1c			11,299.		11,299.
4a	Capital gain net income (attach Schedule D)					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c	Capital loss deduction for trusts					
5	Income (loss) from a partnership or an S corporation (attach statement)					
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					
10	Exploited exempt activity income (Schedule I)					
11	Advertising income (Schedule J)					
12	Other income (See instructions; attach schedule)					
13	Total. Combine lines 3 through 12			11,299.		11,299.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	713.
20	Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 1		20	846.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) SEE STATEMENT 2		28	1,125.
29	Total deductions. Add lines 14 through 28		29	2,684.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	8,615.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	8,615.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	8,615.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	8,615.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	7,615.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	1,599.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,599.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	1,599.
47	Other taxes. 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 schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	1,599.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	3,000.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	3,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,401.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 1,401. Refunded	55	0.

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

56	At any time during the 2018 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
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Kristen Barnett*

Date 08/05/2020

Title VP, FINANCE & ACCOUNTING

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KRISTEN BARNETT				P01234578
Firm's name	Firm's EIN			
RSM US LLP	42-0714325			
Firm's address	Phone no.			
1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	703-336-6400			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **► N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	18,002.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule) **	4b	18,002.			
5 Total. Add lines 1 through 4b	5	18,002.			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ...

0.

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		0.	0.
Total dividends-received deductions included in column 8		0.	

** SEE STATEMENT 4

Form 990-T (2018)

Schedule F - 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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T		CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CHARITABLE CONTRIBUTIONS	N/A		1,826,834.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			1,826,834.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
ACCOUNTING FEES ALLOCATED TO 990-T			1,125.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			1,125.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,826,834

TOTAL CONTRIBUTIONS AVAILABLE

1,826,834

TAXABLE INCOME LIMITATION AS ADJUSTED

846

EXCESS 10% CONTRIBUTIONS

1,825,988

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

1,825,988

ALLOWABLE CONTRIBUTIONS DEDUCTION

846

TOTAL CONTRIBUTION DEDUCTION

846

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION

AMOUNT

EVENT EXPENSES

18,002.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

18,002.

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

OMB No. 1545-1709

► **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.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MERIDIAN INTERNATIONAL CENTER	Employer identification number (EIN) or 53-0259663
	Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW	Social security number (SSN)
	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 990-T (corporation)	07
Form 990-BL	02	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

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 EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until AUGUST 15, 2020, 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, 2018, and ending SEP 30, 2019.

- 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-BL, 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-EO and Form 8879-EO for payment instructions.

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

OMB No. 1545-1709

► **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.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MERIDIAN INTERNATIONAL CENTER	Employer identification number (EIN) or 53-0259663
	Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW	Social security number (SSN)
	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

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3a If this application is for Forms 990-BL, 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	\$	3,000.
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.

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