

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

2017
Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

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 \$ 39,412,541. H(a) Is this a group return for subordinates? ☐ Yes ☒ 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: ☒ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.MERIDIAN.ORG		
K Form of organization: ☒ 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 ☐ 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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	141
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	60,750.
8	Contributions and grants (Part VIII, line 1h)	8	20
9	Program service revenue (Part VIII, line 2g)	9	20
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	141
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	20
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	60,750.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 909,753.	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	0.
19	Revenue less expenses. Subtract line 18 from line 12	19	0.
20	Total assets (Part X, line 16)	20	0.
21	Total liabilities (Part X, line 26)	21	0.
22	Net assets or fund balances. Subtract line 21 from line 20	22	0.

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			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature 	Date 07/10/2019	Check if self-employed ☐	PTIN P00369217
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 9801 WASHINGTONIAN BOULEVARD, SUITE 500 GAITHERSBURG, MD 20878		Phone no. 301-296-3600		

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 \$ 16,719,594. including grants of \$) (Revenue \$)
-
- INTERNATIONAL VISITOR LEADERSHIP PROGRAM (IVLP):

FOR ALMOST 60 YEARS, MERIDIAN HAS BEEN A PRINCIPAL PARTNER IN IMPLEMENTING THE INTERNATIONAL VISITOR LEADERSHIP PROGRAM (IVLP), THE U.S. DEPARTMENT OF STATE'S PREMIER PROFESSIONAL EXCHANGE PROGRAM. WORKING WITH THE BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS, MERIDIAN ANNUALLY DEVELOPS AND ADMINISTERS ROUGHLY ONE-THIRD OF THE IVLP PROJECTS THAT ARE DESIGNED TO INTRODUCE APPROXIMATELY 1,600 FOREIGN EMERGING LEADERS TO THE U.S. THESE PROGRAM PARTICIPANTS COME FROM DIVERSE FIELDS INCLUDING GOVERNMENT, POLITICS, MEDIA, EDUCATION AND THE JUDICIARY, AMONG OTHER SECTORS. THEY COME TO THE U.S. FROM AROUND THE WORLD WITH APPROXIMATELY 28% FROM EASTERN AND WESTERN EUROPE, 17% FROM

- 4b**
- (Code:) (Expenses \$ 10,999,967. including grants of \$ 1,897,675.) (Revenue \$)
-
- CUSTOMIZED EXCHANGE AND TRAINING PROGRAMS:

IN 2018, 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 MORE THAN 120 CUSTOMIZED EXCHANGE AND TRAINING PROGRAMS TO EDUCATE AND DEVELOP RISING LEADERS FROM AROUND THE WORLD. THESE PROGRAMS PROVIDE OPPORTUNITIES FOR NEARLY 1,000 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, FELLOWSHIP PLACEMENTS, REPORTING TOURS, ONLINE PLATFORMS FOR NETWORKING AND ALUMNI FOLLOW-UP ACTIVITIES.

- 4c**
- (Code:) (Expenses \$ 2,038,042. including grants of \$ 67,875.) (Revenue \$)
-
- CULTURAL DIPLOMACY PROGRAMS:

THE MERIDIAN CENTER FOR CULTURAL DIPLOMACY (MCCD) 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 \$ 283,178. including grants of \$) (Revenue \$)

- 4e**
- Total program service expenses
- 30,040,781.**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 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>		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>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 258		
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	
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 141		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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		

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

☒ X

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	20			
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		20		
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 (or 1024 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. ALONZO L. FULGHAM TRUSTEE	1.00	X						0.	0.	0.
(4) HON. ANN STOCK TRUSTEE	1.00	X						0.	0.	0.
(5) HON. CARLOS M. GUTIERREZ TRUSTEE	1.00	X						0.	0.	0.
(6) HON. FRED HOCHBERG TRUSTEE	1.00	X						0.	0.	0.
(7) HON. LAURIE S. FULTON TRUSTEE	1.00	X						0.	0.	0.
(8) HON. WALTER L. CUTLER TRUSTEE	1.00	X						0.	0.	0.
(9) HON. WILLIAM F. MCSWEENEY TRUSTEE	1.00	X						0.	0.	0.
(10) JANET BLANCHARD TRUSTEE	1.00	X						0.	0.	0.
(11) JANET LAMKIN TRUSTEE	1.00	X						0.	0.	0.
(12) JEFFREY MALINAK TRUSTEE	1.00	X						0.	0.	0.
(13) JENNIFER RYAN CROZIER TRUSTEE	1.00	X						0.	0.	0.
(14) JOHN DASHWOOD TRUSTEE	1.00	X						0.	0.	0.
(15) JON CLIFTON TRUSTEE	1.00	X						0.	0.	0.
(16) MARIA PICA KARP TRUSTEE	1.00	X						0.	0.	0.
(17) MEGAN BEYER 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) MICHAEL PICKRUM TRUSTEE	1.00	X						0.	0.	0.
(19) SEAN C. CAHILL TRUSTEE	1.00	X						0.	0.	0.
(20) STEVEN QUAMME TRUSTEE	1.00	X						0.	0.	0.
(21) TOM HIGGINS TRUSTEE	1.00	X						0.	0.	0.
(22) HON. STUART W. HOLLIDAY PRESIDENT & CEO	40.00			X				320,700.	0.	51,185.
(23) LEE SATTERFIELD EXECUTIVE VICE PRESIDENT	40.00			X				233,511.	0.	28,241.
(24) THERESA FURMAN VP, FINANCE & ACCOUNTING	40.00			X				165,997.	0.	17,182.
(25) SUSAN CABIATI SR. VICE PRESIDENT	40.00			X				157,467.	0.	35,158.
(26) KELLY CAMPAGNE VP, HR & ADMINISTRATION	40.00			X				141,361.	0.	25,292.
1b Sub-total								1,019,036.	0.	157,058.
c Total from continuation sheets to Part VII, Section A								849,787.	0.	165,997.
d Total (add lines 1b and 1c)								1,868,823.	0.	323,055.

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 **18**

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

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 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

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	513,894.
MARRIOTT BUSINESS SERVICES P.O. BOX 402642, ATLANTA, GA 30384	HOTEL SERVICES	180,451.
BUSPAGES 34 PROSPECT AVENUE, HEWLETT, NY 11557	TRANSPORTATION	161,379.
HAMPTON INN-WASHINGTON DC, CONVENTION CENTER, 901 6TH STREET, NW, WASHINGTON, DC	HOTEL SERVICES	146,963.
THE FAIRFAX AT EMBASSEY ROW, 2100 MASSACHUSETTS AVE NW, WASHINGTON, DC 20008	HOTEL SERVICES	144,967.
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) GRETCHEN EHLE VP, GLOBALCONNECT	40.00			X				134,300.	0.	34,317.
(28) HENRY A COLLINS VP & DEPUTY, PROF. EXCHANGES DIV.	40.00				X			121,004.	0.	19,718.
(29) TERRY KENNETH HARVEY VP, MC FOR CULTURAL DIPLOMACY	40.00				X			115,356.	0.	18,783.
(30) BETELIHEM HAILE DIRECTOR OF FINANCE	40.00				X			111,400.	0.	24,358.
(31) DANA A KRUG DIRECTOR OF FINANCIAL PLANNING	40.00				X			110,683.	0.	15,914.
(32) MYRA BEST VP, ADMIN., PROF. EXCHANGES DIVISION	40.00				X			110,314.	0.	30,950.
(33) BONNIE GLICK SR. VICE PRESIDENT	40.00					X		146,730.	0.	21,957.
Total to Part VII, Section A, line 1c								849,787.		165,997.

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	893,528.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	31,064,417.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,666,184.					
	g Noncash contributions included in lines 1a-1f: \$		12,491.					
	h Total. Add lines 1a-1f							35,624,129.
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			134,532.			134,532.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		576,333.						
		b Less: rental expenses	0.					
		c Rental income or (loss)	576,333.					
	d Net rental income or (loss)			576,333.			576,333.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		2,966,280.						
		b Less: cost or other basis and sales expenses	2,485,360.					
		c Gain or (loss)	480,920.					
	d Net gain or (loss)			480,920.			480,920.	
	8 a Gross income from fundraising events (not including \$ 893,528. of contributions reported on line 1c). See Part IV, line 18	a	106,600.					
		b Less: direct expenses	293,890.					
		c Net income or (loss) from fundraising events						
			-187,290.					
	9 a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses						
		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							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME	900099		4,667.			4,667.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			4,667.					
12 Total revenue. See instructions.			36,633,291.	0.	0.	1,009,162.		

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 ...	1,797,995.	1,797,995.		
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	167,555.	167,555.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,868,824.	785,172.	1,083,652.	
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	6,304,369.	4,265,635.	1,452,875.	585,859.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	566,929.	362,297.	179,620.	25,012.
9 Other employee benefits	708,289.	436,487.	214,180.	57,622.
10 Payroll taxes	580,478.	372,845.	173,061.	34,572.
11 Fees for services (non-employees):				
a Management				
b Legal	123,240.		123,240.	
c Accounting	113,150.	31,650.	81,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,517.		46,517.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,137,060.	1,523,755.	553,092.	60,213.
12 Advertising and promotion	13,781.	2,140.	10,208.	1,433.
13 Office expenses	588,859.	316,688.	242,493.	29,678.
14 Information technology	94,931.	58,885.	29,938.	6,108.
15 Royalties				
16 Occupancy	392,013.	39,667.	349,326.	3,020.
17 Travel	18,700,324.	18,653,779.	30,944.	15,601.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,362,019.	1,216,047.	63,933.	82,039.
20 Interest	166,571.		166,571.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	355,795.		355,795.	
23 Insurance	126,268.	7,104.	114,880.	4,284.
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 BAD DEBT	74,100.	2,614.	71,486.	
b MEMBERSHIP	38,976.	466.	34,198.	4,312.
c OTHER EXPENSES	34,282.	0.	34,282.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	36,362,325.	30,040,781.	5,411,791.	909,753.
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	986,405.	2	1,902,819.
	3 Pledges and grants receivable, net	2,312,656.	3	2,492,889.
	4 Accounts receivable, net	1,313,672.	4	848,188.
	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	710,253.	9	791,091.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,356,780.		
	b Less: accumulated depreciation	10b 10,731,311.		
		4,738,109.	10c	4,625,469.
	11 Investments - publicly traded securities	7,170,920.	11	7,436,217.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,055,937.	15	1,102,163.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,290,852.	16	19,201,736.	
Liabilities	17 Accounts payable and accrued expenses	3,359,438.	17	3,738,631.
	18 Grants payable		18	
	19 Deferred revenue	4,062,941.	19	4,148,134.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,528,463.	23	3,444,843.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	46,226.
	26 Total liabilities. Add lines 17 through 25	10,950,842.	26	11,377,834.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,325,161.	27	7,032,151.
	28 Temporarily restricted net assets	331,242.	28	108,144.
	29 Permanently restricted net assets	683,607.	29	683,607.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	7,340,010.	33	7,823,902.
	34 Total liabilities and net assets/fund balances	18,290,852.	34	19,201,736.

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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	36,633,291.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,362,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,340,010.
5	Net unrealized gains (losses) on investments	5	212,926.
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	7,823,902.

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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ 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** (2017)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

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). _____

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,144,448.	30,496,783.	33,853,250.	33,725,029.	35,624,129.	164,843,639.
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	31,144,448.	30,496,783.	33,853,250.	33,725,029.	35,624,129.	164,843,639.
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.						164,843,639.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	31,144,448.	30,496,783.	33,853,250.	33,725,029.	35,624,129.	164,843,639.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	676,537.	559,275.	578,059.	762,496.	710,865.	3,287,232.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	680,933.	97,102.	89,134.	40,538.	111,267.	1,018,974.
11 Total support. Add lines 7 through 10						169,149,845.
12 Gross receipts from related activities, etc. (see instructions)					12	1,697,834.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.45 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.25 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☒
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
17a 10% -facts-and-circumstances test - 2017. 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		► ☐
b 10% -facts-and-circumstances test - 2016. 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		► ☐
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		► ☐

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 (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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ 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	☐ 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) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

2013 AMOUNT: \$ 411,665.

2014 AMOUNT: \$ 97,102.

2015 AMOUNT: \$ 89,134.

2016 AMOUNT: \$ 33,538.

2017 AMOUNT: \$ 106,600.

MISCELLANEOUS INCOME

2013 AMOUNT: \$ 269,268.

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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		\$ 31,064,417.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

53-0259663

Part II

[illegible]

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

2017**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?	☐ Yes	☐ 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?	☐ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

☐ 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	7,170,920.	6,612,137.	5,846,944.	5,940,364.	4,953,735.
b Contributions			750,000.		721,000.
c Net investment earnings, gains, and losses	819,399.	899,476.	351,213.	-56,921.	299,843.
d Grants or scholarships					
e Other expenditures for facilities and programs	507,585.	300,000.	300,000.		
f Administrative expenses	46,517.	40,693.	36,020.	36,499.	34,214.
g End of year balance	7,436,217.	7,170,920.	6,612,137.	5,846,944.	5,940,364.

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

- a** Board designated or quasi-endowment ☐ 89.36 %
b Permanent endowment ☐ 9.19 %
c Temporarily restricted endowment ☐ 1.45 %

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.	1,096,848.	3,217.
c Leasehold improvements		8,541,432.	6,236,375.	2,305,057.
d Equipment		3,306,636.	2,932,471.	374,165.
e Other		1,672,952.	465,617.	1,207,335.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,625,469.

Schedule D (Form 990) 2017

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	46,226.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,102,163.

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	46,226.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,226.	

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	37,201,487.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	212,926.
b	Donated services and use of facilities	2b	107,897.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	320,823.
3	Subtract line 2e from line 1	3	36,880,664.
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	46,517.
b	Other (Describe in Part XIII.)	4b	-293,890.
c	Add lines 4a and 4b	4c	-247,373.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	36,633,291.

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	36,717,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	107,897.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	293,890.
e	Add lines 2a through 2d	2e	401,787.
3	Subtract line 2e from line 1	3	36,315,808.
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	46,517.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	46,517.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	36,362,325.

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 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. IN ADDITION, MERIDIAN HAS BEEN DETERMINED BY THE INTERNAL REVENUE

SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION. 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. MANAGEMENT

EVALUATED MERIDIAN'S TAX POSITIONS FOR THE YEARS ENDED SEPTEMBER 30, 2018

AND 2017, AND CONCLUDED THAT MERIDIAN HAS TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B -293,890.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B 293,890.

**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

2017Open 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
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		30,062.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		55,343.
SOUTH AMERICA	0	0	GRANTMAKING		82,150.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	123.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	40,783.
EUROPE	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	226,880.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	4,757.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	29,041.
3 a Sub-total	0	0			469,139.
b Total from continuation sheets to Part I	0	0			25,380.
c Totals (add lines 3a and 3b)	0	0			494,519.

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

Schedule F (Form 990) 2017

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
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	1,813.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRANSPORTATION, LODGING AND OTHER EXPENSES FOR PROGRAM PARTICIPANTS.	23,567.
Totals					25,380.

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)
		SUB-SAHARAN AFRICA	STATES MUSEUM DEVELOPMENT PROGRAM	21,500.	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) 2017

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	35	55,343.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	SOUTH AMERICA	56	82,150.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	SUB-SAHARAN AFRICA	16	7,211.	WIRE	0.		CASH
INSTITUTIONAL SUPPORT GRANT	SUB-SAHARAN AFRICA	1	1,351.	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) 2017

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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		MERIDIAN BALL (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,000,128.			1,000,128.
	2 Less: Contributions	893,528.			893,528.
	3 Gross income (line 1 minus line 2)	106,600.			106,600.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	39,027.			39,027.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	254,863.			254,863.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				293,890.
11 Net income summary. Subtract line 10 from line 3, column (d)				-187,290.	

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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

2017

**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
3 DAY STARTUP, INC. 701 BRAZOS ST. SUITE #533 AUSTIN, TX 78701	27-3279878	501(C)(3)	27,989.	0.			PROGRAM SUPPORT
ATLAS SERVICE CORPS. INC. 99 M STREET SE, 4TH FLOOR WASHINGTON, DC 20003	76-0834735	501(C)(3)	55,017.	0.			PROGRAM SUPPORT
BALL STATE UNIVESRITY 2000 W UNIVERSITY AVENUE MUNCIE, IN 47306	35-6000221	GOV'T	203,111.	0.			PROGRAM SUPPORT
ENTREPRENEURS' ORGANIZATION 500 MONTGOMERY ST. SUITE #700 ALEXANDRIA, VA 22314	52-1651248	501(C)(3)	38,869.	0.			PROGRAM SUPPORT
GLOBAL TIES ABQ P.O. BOX 30485 ALBUQUERQUE, NM 87190	85-0338419	501(C)(3)	46,968.	0.			PROGRAM SUPPORT
GLOBAL TIES ARKANSAS 16 TOULOUSE CT. LITTLE ROCK, AR 72211	71-0562233	501(C)(3)	33,918.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **26.**

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

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

Schedule I (Form 990) (2017)

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 DETROIT 440 BURROUGHS STE. 337 DETROIT, MI 48202	38-1981715	501(C)(3)	63,506.	0.			PROGRAM SUPPORT
GLOBAL TIES KC 30 W PERSHING RD. SUITE #405 KANSAS CITY, MO 64108	43-1727811	501(C)(3)	101,691.	0.			PROGRAM SUPPORT
GLOBAL TIES MIAMI 2850 S. DOUGLAS RD. SUITE #305 CORAL GABLES, FL 33134	59-6153212	501(C)(3)	53,030.	0.			PROGRAM SUPPORT
GLOBALPITTSBURGH 305 34TH ST. PITTSBURGH, PA 15201	25-6067678	501(C)(3)	42,829.	0.			PROGRAM SUPPORT
INTERNATIONAL FOCUS, INC. 3700 NATIONAL DR. RALEIGH, NC 27612	56-1597928	501(C)(3)	935.	0.			PROGRAM SUPPORT
INTERNATIONAL HOUSE OF METROLINA 1817 CENTRAL AVE. SUITE #215 CHARLOTTE, NC 28205	58-1440413	501(C)(3)	7,464.	0.			PROGRAM SUPPORT
SAN DIEGO DIPLOMACY COUNCIL 4305 UNIVERSITY AVE. SUITE #510 SAN DIEGO, CA 92105	95-3477071	501(C)(3)	69,793.	0.			PROGRAM SUPPORT
STUDY OF RELIGIONS ACROSS CIVILIZATIONS, INC. - 1503 12TH STREET, NW - WASHINGTON, DC 20005	46-1457479	501(C)(3)	28,450.	0.			PROGRAM SUPPORT
THE PRESIDENTIAL PRECINCT 427 PARK ST. CHARLOTTESVILLE, VA 22902	46-1084540	501(C)(3)	48,764.	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
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL - 104 AIRPORT DRIVE, CB#1220 - CHAPEL HILL, NC 27599-1220	56-6001393	GOV'T	66,524.	0.			PROGRAM SUPPORT
UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	GOV'T	101,627.	0.			PROGRAM SUPPORT
UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR. STOP K5300 AUSTIN, TX 78712	74-6000203	GOV'T	254,757.	0.			PROGRAM SUPPORT
UTAH COUNCIL FOR CITIZEN DIPLOMACY 1840 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-6128308	501(C)(3)	41,934.	0.			PROGRAM SUPPORT
VERMONT COUNCIL ON WORLD AFFAIRS 60 MAIN ST. SUITE #100 BURLINGTON, VT 05401	03-6010787	501(C)(6)	49,821.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF DALLAS 325 NORTH ST. PAUL ST. SUITE #4200 DALLAS, TX 75201	75-0855628	501(C)(3)	45,056.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA - 2500 MONTGOMERY ST. SUITE #6 - LOUISVILLE, KY 40212	61-1078276	501(C)(3)	47,305.	0.			PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF SEATTLE 2200 ALASKAN WAY SUITE #450 SEATTLE, WA 98121	91-0586924	501(C)(3)	74,940.	0.			PROGRAM SUPPORT
WORLDBOSTON 212 NORTHERN AVE. WEST BLDG 1, SUIT BOSTON, MA 02210	04-2281954	501(C)(3)	54,394.	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

2017

**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.

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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) 2017

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)	305,924.	14,500.	276.	32,565.	18,620.	371,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEE SATTERFIELD EXECUTIVE VICE PRESIDENT	(i)	218,935.	14,300.	276.	15,557.	12,684.	261,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THERESA FURMAN VP, FINANCE & ACCOUNTING	(i)	157,561.	8,160.	276.	0.	17,182.	183,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN CABIATI SR. VICE PRESIDENT	(i)	155,943.	0.	1,524.	16,165.	18,993.	192,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY CAMPAGNE VP, HR & ADMINISTRATION	(i)	132,845.	8,000.	516.	0.	25,292.	166,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GRETCHEN EHLE VP, GLOBALCONNECT	(i)	122,192.	12,000.	108.	13,917.	20,400.	168,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BONNIE GLICK SR. VICE PRESIDENT	(i)	119,637.	0.	27,093.	9,760.	12,197.	168,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

PART I, LINE 4A:

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

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

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

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

REQUEST.

PART I, LINE 7:

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

2017

Open to Public
Inspection

Name of the organization

MERIDIAN INTERNATIONAL CENTER

Employer identification number

53-0259663

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

MERIDIAN INTERNATIONAL CENTER IS A PREMIER NONPROFIT, GLOBAL LEADERSHIP

ORGANIZATION THAT PREPARES US AND INTERNATIONAL LEADERS TO MEET GLOBAL

CHALLENGES AND OPPORTUNITIES. MERIDIAN'S SUITE OF PROGRAMS PROVIDES

THE APPROACH AND LEARNING ENVIRONMENT FOR LEADERS TO UNDERSTAND GLOBAL

ISSUES AND CULTURES, EXCHANGE IDEAS, COLLABORATE ON SOLUTIONS AND BUILD

VALUABLE RELATIONSHIPS.

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.

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.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE NEAR EAST AND NORTH AFRICA, 17% FROM EAST ASIA AND THE PACIFIC, 14%

FROM SOUTH AND CENTRAL ASIA, 13% FROM AFRICA AND 11% FROM THE WESTERN

HEMISPHERE. MERIDIAN'S PROGRAMMATIC EFFORTS INCLUDE DESIGNING AND

DEVELOPING PROGRAM CONTENT, INTRODUCING VISITORS TO AMERICAN CULTURE

AND MANAGING LOGISTICS. TOPICS ARE DIVERSE, AND IN 2018 INCLUDED

JOURNALISM, COUNTERING VIOLENT EXTREMISM, ENTREPRENEURSHIP, WOMEN'S

EMPOWERMENT, EDUCATION, NGO MANAGEMENT, ENERGY, ENVIRONMENT, HEALTH AND

YOUTH. AMONG THE YEAR'S IVLP HIGHLIGHTS WERE THE INTERNATIONAL WOMEN OF

COURAGE AWARDS, TRAFFICKING IN PERSONS HEROES, AFRICAN WOMEN'S

ENTREPRENEURSHIP PROGRAM, BRITISH AMERICAN PARLIAMENTARY GROUP, GLOBAL

THREAT COALITION, INTERFAITH DIALOGUE AND RELIGIOUS FREEDOM, EDWARD R.

MURROW PROGRAM FOR JOURNALISTS, AND THE IVLP GOLD STARS. MERIDIAN'S

ALUMNI INCLUDE 179 FORMER AND CURRENT HEADS OF STATE, AS WELL AS 4

WINNERS OF THE NOBEL PEACE PRIZE.

THESE PROGRAMS PREPARE LEADERS FROM THE U.S. AND AROUND THE WORLD FOR

SUCCESSFUL CAREERS IN GOVERNMENT, BUSINESS, DIPLOMACY, THE ARTS AND

MORE BY PROVIDING THEM WITH THE INSIGHT, CAPACITY, NETWORKS, AND

CULTURAL CONTEXT NEEDED TO NAVIGATE A RAPIDLY EVOLVING GLOBALIZED

SOCIETY.

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

FOR THE THIRD CONSECUTIVE YEAR, MERIDIAN IMPLEMENTED THE YOUNG LEADERS

OF THE AMERICAS INITIATIVE, WHICH WELCOMED 250 ENTREPRENEURS FROM LATIN

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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AMERICA AND THE CARIBBEAN TO THE U.S. AND PLACED THEM IN FELLOWSHIPS IN

OVER 24 CITIES. OTHER HIGHLIGHTS INCLUDED THE AFGHAN DIPLOMAT TRAINING

PROGRAM FOR 15 EARLY-CAREER DIPLOMATS AND THE PAN AFRICA YOUTH

LEADERSHIP PROGRAM FOCUSING ON LEADERSHIP DEVELOPMENT FOR 150 HIGH

SCHOOL STUDENTS FROM SUB-SAHARAN AFRICA.

MERIDIAN ALSO CONDUCTED TRAINING PROGRAMS WITH U.S. PARTICIPANTS. IN

2018, MERIDIAN PILOTED ITS CORPORATE DIPLOMACY PROFESSIONAL DEVELOPMENT

PROGRAM BY CREATING A TAILORED, FOUR-MODULE COURSE FOR AFLAC'S FEDERAL

GOVERNMENT RELATIONS TEAM TO EXPLORE DIPLOMATIC CONCEPTS AND HOW THEY

APPLY TO TODAY'S GLOBAL BUSINESS ENVIRONMENT.

BY COMBINING PRACTICAL TOOLS WITH EXPERTISE FROM MERIDIAN'S HIGH-LEVEL

NETWORK, MERIDIAN'S TRAINING PROGRAMS ENSURE THAT ITS PRIVATE AND

PUBLIC SECTOR PARTNERS ARE EQUIPPED TO NAVIGATE GLOBAL CHALLENGES AND

OPPORTUNITIES.

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

REACHED MILLIONS OF PEOPLE IN MORE THAN 380 HOST VENUES IN 44 U.S.

STATES AND 57 COUNTRIES.

MAJOR CULTURAL PROGRAMS IN 2018 INCLUDED THE GREAT AND GOOD FRIENDS

EXHIBITION, A RETROSPECTIVE ON TWO CENTURIES OF U.S. - THAI RELATIONS

SHOWN THROUGH GIFTS EXCHANGED BETWEEN THE THAI ROYAL MONARCH AND U.S.

PRESIDENTS. THE EXHIBITION, HOSTED AT THE QUEEN SIRIKIT MUSEUM OF

TEXTILES IN PARTNERSHIP WITH THE U.S. EMBASSY IN BANGKOK, WAS ONE OF

THE MCCD'S LARGEST PROGRAMS TO DATE, WITH MORE THAN 118,500 VISITORS

WHO CAME TO SEE THE GIFTS ON DISPLAY. MERIDIAN ALSO EXPLORED SPORTS

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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DIPLOMACY IN ASIA WITH THE PACIFIC PITCH EXHIBITION ON U.S. - JAPAN

BASEBALL DIPLOMACY AND CELEBRATED RELATIONS BETWEEN THE U.S. AND THE

ASIA-PACIFIC WITH AN EXHIBITION HIGHLIGHTING ASEAN COUNTRIES.

IN ADDITION TO THESE EXHIBITIONS, THE MCCD ORGANIZED HIP HOP EXCHANGES

IN MYANMAR, CAMBODIA, CANADA, UZBEKISTAN, NIGERIA, AND GUATEMALA

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

DELEGATION TO THE UNITED ARAB EMIRATES TO EXPLORE THE COUNTRY'S MUSEUM

INFRASTRUCTURE AND VIBRANT ARTS CULTURE, AND A NOWRUZ SPRING FESTIVAL

CELEBRATION HOSTED IN PARTNERSHIP WITH THE AMBASSADORS OF SEVERAL

CENTRAL ASIAN COUNTRIES.

THE MCCD CONTINUES TO DIVERSIFY ITS 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. USING ARTS

AND CULTURE AS TOOLS OF DIPLOMACY, THE MCCD STRENGTHENS BILATERAL

RELATIONS AND ADVANCES DIPLOMACY GOALS BY PROVIDING A COMMON LANGUAGE

THAT BREAKS DOWN BARRIERS AND BRINGS TOGETHER THE PUBLIC THROUGH SHARED

INTERESTS AND VALUES.

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

CONVENING:

MERIDIAN'S CONVENING PROGRAMS PROMOTE COLLABORATION BETWEEN THE

INTERNATIONAL DIPLOMATIC CORPS AND THE U.S. PUBLIC AND PRIVATE SECTORS

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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TO ADDRESS GLOBAL CHALLENGES AND OPPORTUNITIES FACING THE UNITED STATES

AND THE WORLD. ACTIVITIES DURING 2018 INCLUDED NEARLY 25 DIALOGUES AND

OTHER ENGAGEMENT OPPORTUNITIES SUCH AS POLICY ROUNDTABLES, WORKSHOPS,

PANEL DISCUSSIONS, RECEPTIONS, SEMINARS AND SUMMITS. MERIDIAN'S

SIGNATURE EVENTS ARE THE ANNUAL GLOBAL LEADERSHIP SUMMIT AND THE

DIPLOMACY FORUM. IN OCTOBER OF 2017, THE SUMMIT EXPLORED HOW TO ADVANCE

NATIONAL INTERESTS IN A GLOBALIZED SOCIETY FROM DOMESTIC AND

INTERNATIONAL PERSPECTIVES. MEMBERS OF CONGRESS, INTERNATIONAL

AMBASSADORS, CEOS AND JOURNALISTS WERE AMONG THE FEATURED SPEAKERS. THE

2018 DIPLOMACY FORUM EXAMINED POLITICAL, ECONOMIC AND CULTURAL ELEMENTS

OF U.S. - JAPAN RELATIONS THROUGH FEATURED SPEAKERS, PANEL DISCUSSIONS

AND CULTURAL PERFORMANCES. TOPICS DISCUSSED INCLUDED BUSINESS, DEFENSE,

ARTIFICIAL INTELLIGENCE AND ROBOTICS, AND BASEBALL DIPLOMACY.

IN ADDITION TO THESE SIGNATURE EVENTS, MERIDIAN'S INSIGHTS SERIES

PROVIDES INTERNATIONAL AMBASSADORS WITH AN OPPORTUNITY TO HEAR FROM

ADMINISTRATION AND CONGRESSIONAL LEADERS. PROGRAMS IN 2018 INCLUDED

DISCUSSIONS ON ADVOCACY, ELECTIONS AND UNDERSTANDING CONGRESS AND ITS

ROLE WASHINGTON. MERIDIAN'S GLOBAL DIALOGUE SERIES OFFERS OPPORTUNITIES

FOR INFORMAL CONVERSATIONS WITH CORPORATE EXECUTIVES, AMBASSADORS AND

FOREIGN LEADERS.

IN LIGHT OF THE WWI CENTENNIAL IN 2018, MERIDIAN ORGANIZED THE U.S. -

FRANCE LEADERSHIP DIALOGUE, WHICH WAS DESIGNED TO CREATE A SUSTAINED

CONVERSATION AMONG DECISION-MAKERS AND THOUGHT-LEADERS INVESTED IN

FRANCO-AMERICAN COOPERATION. MERIDIAN LATER PARTNERED WITH CHATHAM

HOUSE TO HOST A SYMPOSIUM ON WOODROW WILSON'S 14 POINTS AND HOW THAT

RELATES TO PRESENT DAY GEOPOLITICS IN LONDON, AND ALSO COLLABORATED

Name of the organization MERIDIAN INTERNATIONAL CENTER	Employer identification number 53-0259663
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WITH THE U.S. WWI CENTENNIAL COMMISSION ON A CONVENING PROGRAM FOR

AMERICAN AND FRENCH MILITARY BRASS AND GOVERNMENT OFFICIALS IN

COURCELLES, FRANCE.

MERIDIAN'S CONVENING AND DISCUSSION PROGRAMS SERVE AS A POWERFUL

PLATFORM TO CONNECT THE DIPLOMATIC COMMUNITY IN WASHINGTON WITH

GOVERNMENT AND BUSINESS LEADERS AND EXPLORE WIDE-RANGING TOPICS. BY

PROVIDING A NEUTRAL, NONPARTISAN SPACE, MERIDIAN ACHIEVES ACCELERATED

COLLABORATION ACROSS SECTORS, BORDERS AND CULTURES ON TODAY'S MOST

PRESSING GLOBAL CHALLENGES AND OPPORTUNITIES.

EXPENSES \$ 283,178. 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 VP

OF FINANCE & CEO, FOLLOWED BY A REVIEW BY THE F&A 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 PERSONS MEET AS NEEDED TO

CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY. PERSONS WITH A

CONFLICT ARE PROHIBITED FROM ALL DELIBERATIONS AND DECISIONS RELATED TO THE

TRANSACTION.

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

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 ITS
DECISION, AND DOCUMENTS ITS DECISION IN CONTEMPORANEOUS MINUTES.
COMPENSATION FOR OFFICERS OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE
VICE PRESIDENT AND V.P. HR & ADMINISTRATION.

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:

THE ORGANIZATION 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

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**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) 2017

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2017 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.	1,096,446.		402.	1,096,848.
	* 990 PAGE 10 TOTAL BUILDINGS						1,100,065.				1,100,065.	1,096,446.		402.	1,096,848.
	MACHINERY & EQUIPMENT														
5	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	3,306,636.				3,306,636.	2,874,368.		58,103.	2,932,471.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,306,636.				3,306,636.	2,874,368.		58,103.	2,932,471.
	OTHER														
1	LAND	VARIOUS	L				735,695.				735,695.			0.	
2	LAND IMPROVEMENTS	VARIOUS	SL	15.00		16	23,102.				23,102.	18,600.		767.	19,367.
4	BUILDING IMPROVEMENTS	VARIOUS	SL	39.00	MM	16	8,541,432.				8,541,432.	5,974,852.		261,523.	5,236,375.
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.	411,250.		35,000.	446,250.
	* 990 PAGE 10 TOTAL OTHER						10,950,079.				10,950,079.	6,404,702.		297,290.	5,701,992.
	* GRAND TOTAL 990 PAGE 10 DEPR						15,356,780.				15,356,780.	10,375,516.		355,795.	10,731,311.

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

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

▶ 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 OnlyDepartment of the Treasury
Internal Revenue Service

A ☐ Check box if address changed		Print or Type	Name of organization (☐ 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 ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions. 1630 CRESCENT PLACE NW	E Unrelated business activity codes (See instructions.) 900099
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009	
C Book value of all assets at end of year 19,201,736.			F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		

H Describe the organization's primary unrelated business activity. ▶ **TAXABLE PARKING BENEFITS**
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				
b Less returns and allowances				
c Balance	▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) STATEMENT 1		12	75,262.	75,262.
13 Total. Combine lines 3 through 12		13	75,262.	75,262.

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)		18	
19 Taxes and licenses		19	5,674.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 4	SEE STATEMENT 2	20	6,750.
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 3		28	1,088.
29 Total deductions. Add lines 14 through 28		29	13,512.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	61,750.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	61,750.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	60,750.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 SEE STATEMENT 5 **35c** 12,110.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:Tax rate schedule or Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 12,110.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e Total credits.** Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 12,110.**43** Other taxes. Check if from: Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44 Total tax.** Add lines 42 and 43 **44** 12,110.**45a** Payments: A 2016 overpayment credited to 2017 **45a****b** 2017 estimated tax payments **45b** 2,100.**c** Tax deposited with Form 8868 **45c** 12,800.**d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: Form 2439 **45g**Form 4136 Other Total **45g****46 Total payments.** Add lines 45a through 45g **46** 14,900.**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached **47****48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48****49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 2,790.**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax 2,790. Refunded **50** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 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** X**52** 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. **Yes** **No** X**53** 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 Date VP, FINANCE & ACCOUNTING Title

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 if PTIN
WILLIAM E TURCO, CPA 07/10/2019 self-employed P00369217
Firm's name RSM US LLP Firm's EIN 42-0714325
9801 WASHINGTONIAN BOULEVARD, SUITE 500
Firm's address GAITHERSBURG, MD 20878 Phone no. 301-296-3600

Form 990-T (2017)

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
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				
5 Total. Add lines 1 through 4b	5				

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

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(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.

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). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8		0.	

Form 990-T (2017)

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)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 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)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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 (2017)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2017

Name MERIDIAN INTERNATIONAL CENTER		Employer identification number 53-0259663
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 60,750.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences *	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 60,750.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 60,750.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 60,750.
6	Alternative tax net operating loss deduction. See instructions	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 60,750.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a 0.
b	Multiply line 8a by 25% (0.25)	8b 0.
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c 40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 20,750.
10	Multiply line 9 by 20% (0.20)	10 4,150.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 7 BLENDED RATE	12 1,046.
13	Regular tax liability before applying all credits except the foreign tax credit	13 12,110.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* SEE ALSO

STATEMENT 6

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	60,750.
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P:		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	60,750.

FORM 990-T		OTHER INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
TAXABLE PARKING BENEFITS			75,262.
TOTAL TO FORM 990-T, PAGE 1, LINE 12			75,262.

FORM 990-T		CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CASH ONLY	N/A		1,748,174.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			1,748,174.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
ACCOUNTING FEES ALLOCATED TO FORM 990T			1,088.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			1,088.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,748,174

TOTAL CONTRIBUTIONS AVAILABLE

1,748,174

TAXABLE INCOME LIMITATION AS ADJUSTED

6,750

EXCESS 10% CONTRIBUTIONS

1,741,424

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

1,741,424

ALLOWABLE CONTRIBUTIONS DEDUCTION

6,750

TOTAL CONTRIBUTION DEDUCTION

6,750

FORM 990-T		LINE 35C TAX COMPUTATION	STATEMENT 5
1.	TAXABLE INCOME	60,750	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2	10,750	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	10,750	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	2,688	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		10,188
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	12,758	
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	2,568
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	9,542
18.	TOTAL TAX PRORATED	365	12,110

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 6
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		1,748,174
TOTAL CONTRIBUTIONS		1,748,174
10% OF TAXABLE INCOME AS ADJUSTED		6,750
EXCESS CONTRIBUTIONS		1,741,424
ALLOWABLE CONTRIBUTIONS		6,750
AMT CHARITABLE DEDUCTION		6,750
REGULAR CONTRIBUTION DEDUCTION		6,750
AMT CONTRIBUTION ADJUSTMENT		0

TENTATIVE MINIMUM TAX (TMT) PRORATION			STATEMENT 7
TENTATIVE MIMIMUM TAX FOR THE ENTIRE YEAR . . .			4,150.
TMT IN EFFECT BEFORE 01/01/2018			4,150.
TMT IN EFFECT AFTER 12/31/2017			0.
DAYS			
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 92			1,046.
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 273			0.
TMT PRORATED 365			1,046.

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

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

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/efile, click on Charities & Non-Profits, and click on *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	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MERIDIAN INTERNATIONAL CENTER	53-0259663
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1630 CRESCENT PLACE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20009	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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, 2019, 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, 2017, and ending SEP 30, 2018.

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

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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

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

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- 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.

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► ☒ tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

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	\$	14,900.
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	\$	2,100.
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	\$	12,800.

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.