### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	NEAR EAST FOUNDATION 110 WEST FAYETTE STREET SYRACUSE, NY 13202
Prepared by	BONADIO & CO., LLP 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 6

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, and ending JUN 30, 2017

<b>B</b> c	heck if	C Name of organization		D Emp	loyer identific	cation number
Y	Addre	NEAR EAST FOUNDATION				
	Chang Name chang			$\dashv$	13-1	624114
	Initial return	Ÿ	Room/suit	A E Tolor	phone number	
F	_   Final	110 WECH FAVETHE CHOPET	1100III/Suit	c E Teleb		428-8670
	⊐return. termin ated			G Gross		14,925,719.
	Amen				his a group re	
	Applic	•			subordinates	
	pendi	110 WEST FAYETTE STREET, SYRACUSE, NY	1320			cluded? Yes No
T	ax-ex	empt status: X 501(c)(3) 501(c) ( )				list. (see instructions)
		te: NWW.NEAREAST.ORG			oup exemption	
		organization: X Corporation Trust Association Other	L Yea			State of legal domicile: NY
		Summary	<u>'</u>		<u> </u>	<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	NEAR	EAST I	FOUNDAT	ION HELPS
Governance		BUILD MORE SUSTAINABLE, PROSPEROUS, AND	INCLU	SIVE (	COMMUNI	TIES IN THE
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25%	% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			3	16
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)				15
es		Total number of individuals employed in calendar year 2016 (Part V, line 2a)				34
Activities &		Total number of volunteers (estimate if necessary)				25
Act		Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, line 34				0.
			<u> </u>	Prior		Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	·····	10,7	78,174.	14,078,200.
		Program service revenue (Part VIII, line 2g)		1 /	0.	406 105
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10,212.	406,185.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			18,212.	175,638.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			00,174. 57,610.	14,660,023.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23	0.	100,030.
		Benefits paid to or for members (Part IX, column (A), line 4)		3 00	01,343.	4,278,853.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		3,00	0.	0.
oen	Ioa	Total fundraising evenence (Part IX, column (A), line 1 te)	31		- 0.	0.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>  -	6 51	L8,791.	10,174,276.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			77,744.	14,619,159.
		Revenue less expenses. Subtract line 18 from line 12			22,430.	40,864.
or		Trevende 1888 expenses. Subtract line 18 from line 12			Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			04,557.	10,290,048.
Ass d Ba	21	Total liabilities (Part X, line 26)			30,947.	4,185,334.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		5,92	23,610.	6,104,714.
Pa	rt II	Signature Block			•	
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and t	o the best of my	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich prepar	er has any kr	nowledge.	
Sig	1	Signature of officer			Date	
Her	е	JOHN ASHBY, CHIEF FINANCIAL OFFICER				
		Type or print name and title		I Doto		T DTIN
		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
Paid		KAREN NASONI KAREN NASONI		<u> </u>	self-employe	
	arer	Firm's name BONADIO & CO., LLP			Firm's EIN 📐	16-1131146
use	Only	Firm's address 432 NORTH FRANKLIN STREET			Dia 31	5 176 1001
		SYRACUSE, NY 13204			Phone no. 3 1	5-476-4004 X Yes No
ıvıa\	tne II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NEAR EAST FOUNDATION HELPS BUILD MORE SUSTAINABLE, PROSPEROUS, AND
	INCLUSIVE COMMUNITIES IN THE MIDDLE EAST AND AFRICA THROUGH EDUCATION,
	GOVERNANCE, AND ECONOMIC DEVELOPMENT INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 5,740,810 • including grants of \$ 166,030 • ) (Revenue \$ )
4a	(Code: ) (Expenses \$ 5,740,810 including grants of \$ 166,030 ) (Revenue \$ PROGRAMS TO SUPPORT SMALLHOLDER FARMERS AND OTHER NATURAL
	RESOURCE-DEPENDENT POPULATIONS THROUGH A VARIETY OF INITIATIVES TO
	IMPROVE FOOD SECURITY AND INCREASE INCOMES. NEF'S PRIMARY PROGRAM
	FOCUS IN AGRICULTURE IS TO ENABLE COMMUNITIES TO USE WATER RESOURCES
	MORE EFFICIENTLY.
	0.045.500
4b	(Code:) (Expenses \$3 , 817 , 732 • including grants of \$) (Revenue \$)
	PROGRAMS TO CREATE SUSTAINABLE LIVELIHOODS THROUGH MICROENTERPRISE
	DEVELOPMENT AND BUSINESS TRAINING. NEF WORKS TO CREATE PERMANENT JOBS
	AND GENERATE INCOME FOR WOMEN ENTREPRENEURS. NEF PROVIDES MATERIAL
	ASSISTANCE, TARGETED TRAINING AND OUTREACH SUPPORT AND MENTORING FOR
	REFUGEES AND THEIR HOST COUNTRY NEIGHBORS TO CREATE SUSTAINABLE
	LIVELIHOODS.
4c	
	PROGRAMS TO BUILD PEACE THROUGH ECONOMIC COOPERATION AND DEVELOPMENT.
	NEF HELPS REDUCE POVERTY AND PROMOTE SUSTAINABLE ECONOMIC DEVELOPMENT
	IN CONFLICT AND POST-CONFLICT AREAS. ACTIVITIES FOCUS ON CORE
	LIVELIHOOD ISSUES AND HELP PARTICIPANTS FIND MUTUAL INTERESTS AND
	BENEFIT THROUGH ECONOMIC COOPERATION.
	DEMERIT THROUGH ECONOMIC COOPERATION:
	TO THE COMPUTATION I THE PERCENTAGE OF COMPUTATION AND COMPUTATION OF THE CHIPANIC COMPUTATION OF THE COMPUTATION OF THE CHIPANIC COMPUTATION
	TRAIN COMMUNITY LEADERS AND COMMUNITY MEMBERS IN SUDAN'S CENTRAL DARFUR
	STATES IN COLLABORATIVE RESOURCE MANAGEMENT AND CONFLICT RESOLUTION.
	TRAIN PALESTINIANS AND ISRAELIS THROUGH CROSS-BORDER TRAININGS AND
	EVENTS FOCUSED ON BUILDING COOPERATION THROUGH MUTUAL ECONOMIC BENEFIT.
<b>1</b> d	Other program services (Describe in Schedule O.)
<del>4</del> 0	2 200 775
	(Expenses \$ 5,369,775 • including grants of \$ ) (Revenue \$ )  Total program service expenses ► 13,827,558 •
4e	TOTAL DIFFORMATIN SERVICE EXPENSES ► TO, UAI, JUU •

# Form 990 (2016) NEAR EAST FOUNDATION 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		\ <sub>32</sub>	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	الييا	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	4-		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	$\vdash \vdash \vdash$	
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

## Form 990 (2016) NEAR EAST FOUNDATI Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule If 20b If "Yes" to line 20a, did the organization attack oncy of its audied financial statements to this return? 20b Unit 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 17 If "Yes," complete Schedule I, Parts I and II 21 II 22 II 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 27 If "Yes," complete Schedule I, Parts I and III 22 II X 22 Did the organization answer Twes" to Part IV, section A, line 3, 4, or 5 about compensation of the organization's current and former officers, diectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 22 II X Schedule I, Parts I was II X Schedule I, Parts I was II X Schedule I V II Yes, "complete Schedule I, Parts I was II X Schedule I V II Yes," the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule IX. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did 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 septic person of the proceed of the proceed of the procedure				Yes	No
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 17 if "Yes," complete Schedule I, Parts I and III  22 Did the organization rapport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  23 Did the organization rapport eyes 1 Part IV, 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? If "Yes," complete Schedule J Schedule J Parts I and III Schedule J Parts I Parts Parts Parts Parts I Parts	<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 31 // "Yes," complete Schedule I, Parts I and II 2 2 X 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III 2 X 3 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 27 II** *\text{Ps.** complete Schedule I, Parts I and III** 28 Did the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? II** *\text{Ps.** complete Schedule I}* 23 X* 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? II** *\text{Ps.** in any III** is through 24d and complete Schedule K. II** *\text{No**}, go to line 25e	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VIII, 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? If "Yes," complete Schedule I, Part IV 180, 2 or 18		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule J  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization invest any proceeds of tax-exempt bonds busines or 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?  24d J  25d Bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the 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 E2? If "Yes," complete Schedule L, Part II  25b X  27d 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, director, trustees, key employees, lighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable thereof, a grant selection committee member, or to a 39% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," c	22				l
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If *NO*, go to line 25a			22		X
Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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 maintain an escrow account other than a refunding escrow at any time during the year of the properties of the organization engage in an excess benefit transaction with a disqualified person during the year?  25a Section 501(6)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on the properties of the organization and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I (25b X)  b Is the organization are not any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offeres, director, sustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II (27b X)  27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant assection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV (27b X)  28b Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV (27b X)  29c If "Yes," comple	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a			23	Х	
b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  24b   2	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization inwest 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?  24d 22s 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? "Yes," complete Schedule L, Part I 25s X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person with a disqualified person and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 if "Yes," complete Schedule L, Part I 25b X  15d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27D Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 2 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 2 A 1 A 2 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 3 3 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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?  24d   24c   24c   24d   24c   24d   24c   24d   25a   24c   24d   24c   25a   25c   25			24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(c)(3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 258 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-E2? If "Yes," complete Schedule L, Part I 255 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? If "Yes," complete Schedule L, Part II 266 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? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 280 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 280 X  30 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule L, Part IV 31 X  31 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule L, Part IV, In Part IV,	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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)(20) organizations. Did the organization engage 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 E27 If "Yes," complete Schedule L, Part I  25a 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? If "Yes," complete Schedule L, Part II  25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A carrier of former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee for "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II  29 Did the organization engage in any transaction under Regulation sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II  30 Did the organization engage in any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  30 Did the organization have a controlled entity within the meaning	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b 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-E2? If "Yes," complete Schedule L, Part I 25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Ut the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  30 Did the organization in dividate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  31 Did the organization and sold in the organization value of th	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I   25b  X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   26  X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   27  X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28  X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   29  X  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   30  X  31  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I   31  X  32  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   33  X  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   35  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes,"		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization in liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization so 512(b)(13)? If "Yes," complete Schedule R, Part V,	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b  35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V,		Schedule L, Part I	25b		X
complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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of any of these persons? If "Yes," complete Schedule L, Part III  27	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  28b X  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule Schedule N, Part II  31 X  32 X  33 X  34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or enage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36b X  37b		of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
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Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32  X  33  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36  X	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  The section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  As at a complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2		contributions? If "Yes," complete Schedule M	30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Jid the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Jid the organization have a controlled entity within the meaning of section 512(b)(13)?  Jid the organization have a controlled entity within the meaning of section 512(b)(13)?  Jid "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Jid Was the organization sell, exchange in the assets? If "Yes," complete Schedule R, Part V, line 2  Jid Was the organization sell, exchange in the organization under Regulation and exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		If "Yes," complete Schedule N, Part I	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X		Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a X  35a X  4  Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X		Part V, line 1	34		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 X		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
If "Yes," complete Schedule R, Part V, line 2 36 X	36				
			36		X
of the organization conduct more than 5% of its activities through an entity that is not a related organization	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? If "Yes," complete Schedule R, Part VI			37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38				
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2016) NEAR EAST FOUNDATION 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			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	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		<u> </u>
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	Х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	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
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		<del></del>
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
α	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Щ_

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 it Schedule O contains a response or note to any line in this Part VI			21
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 15			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а		8a	х	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		21
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NIa
10-	Did the constitution have lead about the househor an efficience	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	- 21	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	Х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b			v	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С			77	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
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) and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a sectio	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	d finan	cial	
	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:			
	JOHN ASHBY - 315-428-8670			
	110 WEST FAYETTE STREET, SYRACUSE, NY 13202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

Organizations   Dellow   Early   Dellow   Dell	d any current officer, d (D)	(E)	(F)
Week ( ist any   pours for related organizations   plan   plan	Reportable	Reportable	Estimated
(list any hours for related organizations below line)  (1) SHANT MARDIROSSIAN  (1) SHANT MARDIROSSIAN  (2) HAIG MARDIKIAN  (3) AMR NOSSEIR  DIRECTOR  (4) JOHNSON GARRETT  VICE CHAIRMAN  (5) LINDA JACOBS  DIRECTOR  (6) BILL SULLIVAN  DIRECTOR  (7) MEHRZAD BOROUJERDI  DIRECTOR  (8) CHARLES BENJAMIN  PRESIDENT  (9) MONA ERAIBA  DIRECTOR  (10) MATTHEW QUIGLEY  TREASURER  (11) ALEXANDER GHISO  DIRECTOR  (12) ROBERT SOLOMON  CHAIRMAN  (13) CAROL ASLANIAN  DIRECTOR  (14) JEFF HABIB  DIRECTOR  (15) YEZAN HADDADIN  DIRECTOR	compensation from	compensation from related	amount of other
CHAIRMAN EMERITUS	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Carretary			
SECRETARY	0.	0.	0.
1.00	_	_	_
DIRECTOR	0.	0.	0.
(4) JOHNSON GARRETT         1.00           VICE CHAIRMAN         X           (5) LINDA JACOBS         1.00           DIRECTOR         X           (6) BILL SULLIVAN         1.00           DIRECTOR         X           (7) MEHRZAD BOROUJERDI         1.00           DIRECTOR         X           (8) CHARLES BENJAMIN         40.00           PRESIDENT         X           (9) MONA ERAIBA         1.00           DIRECTOR         X           (10) MATTHEW QUIGLEY         1.00           TREASURER         X           (11) ALEXANDER GHISO         1.00           DIRECTOR         X           (12) ROBERT SOLOMON         2.00           CHAIRMAN         X           (13) CAROL ASLANIAN         1.00           DIRECTOR         X           (14) JEFF HABIB         1.00           DIRECTOR         X           (15) YEZAN HADDADIN         1.00           DIRECTOR         X			
VICE CHAIRMAN	0.	0.	0.
1.00   X	0	0	0
DIRECTOR	0.	0.	0.
Column	0.	0.	0.
DIRECTOR	<u></u>	0.	0.
The content of the	0.	0.	0.
DIRECTOR		0.	0.
(8) CHARLES BENJAMIN       40.00         PRESIDENT       X         (9) MONA ERAIBA       1.00         DIRECTOR       X         (10) MATTHEW QUIGLEY       1.00         TREASURER       X         (11) ALEXANDER GHISO       1.00         DIRECTOR       X         (12) ROBERT SOLOMON       2.00         CHAIRMAN       X         (13) CAROL ASLANIAN       1.00         DIRECTOR       X         (14) JEFF HABIB       1.00         DIRECTOR       X         (15) YEZAN HADDADIN       1.00         DIRECTOR       X	0.	0.	0.
PRESIDENT			
(9) MONA ERAIBA       1.00         DIRECTOR       X         (10) MATTHEW QUIGLEY       1.00         TREASURER       X         (11) ALEXANDER GHISO       1.00         DIRECTOR       X         (12) ROBERT SOLOMON       2.00         CHAIRMAN       X         (13) CAROL ASLANIAN       1.00         DIRECTOR       X         (14) JEFF HABIB       1.00         DIRECTOR       X         (15) YEZAN HADDADIN       1.00         DIRECTOR       X	185,558.	0.	26,627.
TREASURER	-		-
X	0.	0.	0.
Column			
DIRECTOR	0.	0.	0.
(12) ROBERT SOLOMON         2.00           CHAIRMAN         X           (13) CAROL ASLANIAN         1.00           DIRECTOR         X           (14) JEFF HABIB         1.00           DIRECTOR         X           (15) YEZAN HADDADIN         1.00           DIRECTOR         X			
CHAIRMAN         X         X           (13) CAROL ASLANIAN         1.00           DIRECTOR         X           (14) JEFF HABIB         1.00           DIRECTOR         X           (15) YEZAN HADDADIN         1.00           DIRECTOR         X	0.	0.	0.
(13) CAROL ASLANIAN       1.00         DIRECTOR       X         (14) JEFF HABIB       1.00         DIRECTOR       X         (15) YEZAN HADDADIN       1.00         DIRECTOR       X	_	_	_
DIRECTOR   X	0.	0.	0.
(14) JEFF HABIB       1.00         DIRECTOR       X         (15) YEZAN HADDADIN       1.00         DIRECTOR       X			
DIRECTOR X (15) YEZAN HADDADIN 1.00 DIRECTOR X	0.	0.	0.
(15) YEZAN HADDADIN 1.00 X		0	•
DIRECTOR	0.	0.	0.
	0.	0.	0.
יון וווון בעמעבה במשמע באבר א ביי בא באר באר אוווון אווון אוווון אוווון אוווון אוווון אוווון אוווון אוווון אוו	<u>U•</u>	0.	0.
(16) RANDA EL-SAYED HAFFAR 1.00 X	0.	0.	0.
(17) JOHN ASHBY 40.00	<del> </del>	0.	0.
ASSISTANT TREASURER, VICE PRESIDENT	158,632.	0.	9,879.

Form **990** (2016)

Co   Co   Co   Co   Co   Co   Co   Co	age <b>E</b>
(list any hours for related organizations below line)  (18) SIMONA CECI  (list any hours for related organizations below line)  (18) SIMONA CECI  (list any hours for related organizations below line)	
	e on ed
	60.
1b Sub-total ► 489,151. 0. 45,5	66,
c Total from continuation sheets to Part VII, Section A	0.
d Total (add lines 1b and 1c)    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	<u> </u>
Yes	No
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  3	Х
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 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	7,
rendered to the organization? If "Yes," complete Schedule J for such person	<u> </u>
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)  (B)  (C)  Compensation  Compensation  Compensation  Compensation	

	ivallie allu busilless aduless	NONE	Description of services	Compensation
2	Total number of independent contractors (including but r	not limited to those liste	d above) who received more than	
	\$100,000 of compensation from the organization	0		

Form 990 (2016) NEAR EAS
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		Official if Goriedule O COITE	anio a response	or note to any III	(A)	(B)	(C)	_ (D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	1.0	Endorated compaigns	1a			Toveride	Teveride	312-314
		Federated campaigns  Membership dues						
		Membership dues     Fundraising events						
		Related organizations						
		Government grants (contribut		12,994,961.				
		All other contributions, gifts, gran		12,331,301.				
	'	similar amounts not included above		1,083,239.				
	_			117,647.				
	_	Noncash contributions included in lines			14,078,200.			
<del>- "</del>		Total. Add lines 1a-1f		Business Code	14,070,200.			
Program Service Revenue	•			Business Code				
	2 a							
	b							
ž –	C							
gra	0							
요	e •	All other program convice rave	2010					
<u>-</u>	'	All other program service reve Total. Add lines 2a-2f		<b>—</b>				
	3	Investment income (including						
	3	other similar amounts)			138,547.			138,547.
	4	Income from investment of tax			130,317.			130,317.
	5	Royalties						
	3	noyaliles	(i) Real	(ii) Personal				
	6 -	Gross rents	(i) Neai	(II) Fersorial				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	1 4		533,334.	(ii) Other				
	<b>L</b>	assets other than inventory  Less: cost or other basis	333,334.					
	L		265,696.					
	_	and sales expenses						
		Gain or (loss)			267,638.			267,638.
		Net gain or (loss)			207,030.			207,030.
nιe	0 4	<ul> <li>Gross income from fundraising including \$</li> </ul>	of					
Other Reven		contributions reported on line						
<u>ه</u> ا		Part IV, line 18						
he!	h	Less: direct expenses						
₽		Net income or (loss) from fund		<b></b>				
		Gross income from gaming ac						
	9 0	Part IV, line 19						
	<b>h</b>	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 6	and allowances						
	<b>h</b>	Less: cost of goods sold						
ŀ		<ul> <li>Net income or (loss) from sale</li> <li>Miscellaneous Revenu</li> </ul>		Business Code				
ł	11 1	NON-OPERATING INCOME		900099	317,774.			317,774.
	ıı a			900099	87,201.			87,201.
	~	TRUST INCOME		900099	2,456.			2,456.
	ر م	All other revenue		900099	-231,793.			-231,793.
		Total. Add lines 11a-11d			175,638.			231,733.
	12	Total Add lines Tra-Tru		····· [	14 660 023.	0.	0	581 823.

#### 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 respor	nse or note to any line in	this Part IX	, , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D</b> ) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
^	and domestic governments. See Part IV, line 21				
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				
		166,030.	166,030.		
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	100,030.	100,030.		
5	Compensation of current officers, directors,				
3	trustees, and key employees	561,335.	507,412.	48,582.	5,341.
6	Compensation not included above, to disqualified	302,3337	307,1220	10,0021	3,3111
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,990,898.	2,704,040.	258,355.	28,503.
8	Pension plan accruals and contributions (include	_,,	= , : 0 = , 0 = 0 0	= = = = = = = = = = = = = = = = = = = =	
3	section 401(k) and 403(b) employer contributions)	167,850.	151,523.	14,750.	1,577.
9	Other employee benefits	423,985.	382,744.	37,258.	3,983.
10	Payroll taxes	134,785.	121,675.	11,844.	1,266.
11	Fees for services (non-employees):	,	,	, -	
	Management				
b	Legal	35,247.	20,304.	7,387.	7,556.
	Accounting	102,768.	59,200.	21,538.	22,030.
	Lobbying				· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,999.		31,999.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	90,299.	52,017.	18,925.	19,357.
12	Advertising and promotion	26,186.	19,729.	6,031.	426.
13	Office expenses	95,178.	71,706.	21,922.	1,550.
14	Information technology				
15	Royalties				
16	Occupancy	440,099.	360,473.	71,835.	7,791.
17	Travel	866,719.	755,935.	104,366.	6,418.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	62 622	F.C. 880		1 252
22	Depreciation, depletion, and amortization	63,632.	56,778.	5,495.	1,359.
23	Insurance				
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.)	0 250 264	0.050.064		
а	PROGRAM ACTIVITIES	8,258,264.	8,258,264.	14 161	4 605
b	EQUIPMENT EXPENSE	113,855.	95,089.	14,161.	4,605.
С	MISCELLANEOUS	50,030.	44,639.	4,322.	1,069.
d					
e	All other expenses	14,619,159.	13,827,558.	678,770.	112,831.
25	Total functional expenses. Add lines 1 through 24e	14,019,139.	13,047,330.	0/0,//0.	112,031.
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)				Form <b>990</b> (2016)

Form 990 (2016)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	1,994,151.	2	2,641,258		
	3	Pledges and grants receivable, net			891,068.	3	541,675
	4	Accounts receivable, net			1,001,644.	4	1,434,511
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section		-			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			42,785.	9	52,796
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	$\overline{}$	992,993.			
	b	Less: accumulated depreciation	10b	853,496.	120,221.	10c	139,497, 5,480,311,
	11	Investments - publicly traded securities			4,254,688.	11	5,480,311
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			8,304,557.	16	10,290,048. 925,334.
	17	Accounts payable and accrued expenses			767,232.	17	925,334.
	18	Grants payable			4 642 845	18	2 262 222
	19	Deferred revenue			1,613,715.	19	3,260,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X of			
		Schedule D			2 200 047	25	1 105 221
	26			<b>. V</b>	2,380,947.	26	4,185,334
		Organizations that follow SFAS 117 (ASC 958		ck here   LA  and			
ces		complete lines 27 through 29, and lines 33 ar			2,137,783.		2 455 140
<u>a</u>	27	Unrestricted net assets			174,038.	27	2,455,140, 37,785,
Ва	28	Temporarily restricted net assets			3,611,789.	28	3,611,789
pur	29				3,011,703.	29	3,011,709
Ę.		Organizations that do not follow SFAS 117 (A	SC 958	s), cneck nere			
Net Assets or Fund Balances		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net	32	Retained earnings, endowment, accumulated in		<b>—</b>	5,923,610.	32	6,104,714.
_	33	Total net assets or fund balances			8,304,557.	33	10,290,048.
	34	Total liabilities and net assets/fund balances			0,304,337.	34	10,430,040

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,61		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,92	•	
5	Net unrealized gains (losses) on investments	5		14	0,2	40.
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	6	,10	4,7	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016** 

Open to Public Inspection

Name of the organization

NEAR EAST FOUNDATION

**Employer identification number** 13-1624114

		111111		D111 1 011				5 1021111
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	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 secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•	•				
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	)(v).	
	X	An organization that norma						nublic described in
•		section 170(b)(1)(A)(vi). (Co	-	and part of its support	ioiii a gov	Ciriiricina	ranic or normano gonoral	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9	П	An agricultural research org				ed in coniu	inction with a land-grant	college
5		or university or a non-land-g						
		university:	grant college of agric	diture (see instructions).	. Litter tile	marrie, on	y, and state of the coneg	JC 01
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons membershin fees s	and aross receints from
		activities related to its exen						
		income and unrelated busin	-	•				-
		See section 509(a)(2). (Cor		(ICSS SCOTIOT OT I TAX) II	om busine	oscs acqu	anca by the organization	and duric oo, 1979.
11		An organization organized a		ively to test for public sa	afety See	section 50	09(a)(4)	
12	П	An organization organized a	•	•	•			nurnoses of one or
		more publicly supported or		•	•		· · · · · · · · · · · · · · · · · · ·	• •
		lines 12a through 12d that						SHOOK THO DOX III
а		Type I. A supporting orga				-		, aivina
ŭ		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-		
		organization. <b>You must c</b>			a majority	or the dire		заррогинд
b		Type II. A supporting orga	-		tion with it	ts sunnort	ed organization(s) by ha	avina
_		control or management o						
		organization(s). You mus			arrio peroc	ono mai ot	ontrol of manage the oak	Sportou
С		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with	and functionally integrat	ed with
Ŭ		its supported organization	-				• •	ou with,
d		Type III non-functionally		-				ization(s)
<u> </u>		that is not functionally int						` ,
		requirement (see instructi			•		•	
е		Check this box if the orga	•	•				
Ŭ		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Fnte	er the number of supported of		ayog.a.oa oapport				
a		vide the following information		ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	al							

#### 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.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 (	Gifts, grants, contributions, and						
r	membership fees received. (Do not						
i	nclude any "unusual grants.")	6,040,705.	6,872,929.	7,851,939.	10,778,174.	14,078,200.	45,621,947.
2	Tax revenues levied for the organ-						
į.	zation's benefit and either paid to						
(	or expended on its behalf						
3	The value of services or facilities						
f	furnished by a governmental unit to						
t	the organization without charge						
4 7	Fotal. Add lines 1 through 3	6,040,705.	6,872,929.	7,851,939.	10,778,174.	14,078,200.	45,621,947.
5	The portion of total contributions						
k	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,						
C	column (f)						
	Public support. Subtract line 5 from line 4.						45,621,947.
	tion B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	6,040,705.	6,872,929.	7,851,939.	10,778,174.	14,078,200.	45,621,947.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	44 422	142 451	141 016	100 000	120 547	E07 204
	and income from similar sources	44,432.	143,451.	141,816.	129,038.	138,547.	597,284.
	Net income from unrelated business						
	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	60 610	24 022	72 412	10 010	175 620	170 655
	assets (Explain in Part VI.)	62,619.	24,023.	-/3,413.	-10,212.	175,638.	
	<b>Fotal support.</b> Add lines 7 through 10		,			40	46,389,886.
	Gross receipts from related activities,					12	21,003.
	First five years. If the Form 990 is for	. la aua			_		. □
	organization, check this box and stop tion C. Computation of Publ		rcentage				<b>P</b>
	Public support percentage for 2016 (l			column (f))		14	98.34 %
	Public support percentage from 2015					15	98.66 %
	33 1/3% support test - 2016. If the c					•	
	stop here. The organization qualifies	•		,		,	► X
	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						<b>▶</b> □
	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"				-	_	
	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
,			THE Organization (	Juaillies as a ciciriii	CIV SUDDOILEG OTTA	anization	

#### 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
	1	
9a		
9a 9b		
9b		
9b		
9b 9c		

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b	A family member of a person described in (a) above?	11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion 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 <b>Part VI</b> 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		
Sec	tion C. Type II Supporting Organizations			
	and or type it capper and cagain-and the		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions	).	
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	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 <b>Part VI identify</b>			
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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.

Pa	<sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

· ai	Type in Non-Functionally integrated 509	(a)(a) Supporting Orga	ailizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<i>(</i> 2)	,	(m)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions  Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a	DIGUIGOWII OI IIIIO 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	2,0000 110111 2010			

Schedule A (Form 990 or 990-EZ) 2016

#### 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

NEAR EAST FOUNDATION

13-1624114

Organization type (check one):								
Filers of: Section:								
Form 990 or 990-	$\Xi$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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								
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections any one	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.							
year, tot	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcirc \bigsilon \big								
Caution: An orga	nization 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), er "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 sn'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) (2016)

Name of organization Employer identification number

#### NEAR EAST FOUNDATION

13-1624114

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  1300 PENNSYLVANIA AVENUE, NW	\$3,391,874.	Person X Payroll Noncash (Complete Part II for
()	WASHINGTON, DC 20523	()	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES DEPARTMENT OF STATE BUREAU OF POPULATIONS, REFUGEES, AND MIGRATION WASHINGTON, DC 20520	\$3,827,626.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EMBASSY OF THE NETHERLANDS, MALI RUE 437 HIPPODROME BP 2220 BAMAKO, MALI	\$317,925.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4  DEPARTMENT FOR INTERNATIONAL  DEVELOPMENT  22 WHITEHALL, SW1A 2EG  LONDON, UNITED KINGDOM	* 4,257,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### NEAR EAST FOUNDATION

13-1624114

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization

Employer identification number

NEAR	EAST	FOUNDATION

13-1624114

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations d	escribed in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions o	f \$1,000 or less for the	ne year. (Enter this info. once.)					
	Use duplicate copies of Part III if addition			,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
		(e) Transfo	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
-		(e) Transfe	er of aift						
		.,	J						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) Na	-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
		(e) Transfo	sfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee					
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
	-								
	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	R	elationship 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEAR EAST FOUNDATION

Employer identification number 13-1624114

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Dor	conservation easements.  † III   Organizations Maintaining Collections or	of Aut. Historical Tracquires or C	Othor Cimilar Assats
Par		· ·	Other Similar Assets.
4-	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (As	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as a smith of the constitution planted as a smith of the constitution of the c		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b>
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 🖇

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Similar	Asse	ts(continued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	are a sig	nificant us	e of its	collection items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ms			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further t	he organizatio	n's exem	not purpos	e in Par	t XIII.
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai						$\square$	Yes No
Pai	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part	•	J			,	ĺ	,
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for contribution	s or other ass	sets not i	ncluded		
	on Form 990, Part X?		•					Yes No
b	If "Yes," explain the arrangement in Part XIII a							
	, ,	•	J					Amount
С	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo							Yes No
	If "Yes," explain the arrangement in Part XIII.		•					
Pai						).		
		(a) Current year	(b) Prior year	(c) Two years		d) Three yea	rs back	(e) Four years back
1a	Beginning of year balance	3,785,827.	3,297,867.	3,162		-	6,843.	3,336,477.
b	Contributions	86,583.	663,408.		,603.		8,303.	47,934.
	Net investment earnings, gains, and losses	·	,		<u> </u>		,	-62,775.
	Grants or scholarships							,
	Other expenditures for facilities							
•	and programs	-222,836.	-175,448.	-64	142.	-8:	2,740.	154,793.
f	Administrative expenses	,	,		<u> </u>		,	,
	End of year balance	3,649,573.	3,785,827.	3,297	.867.	3,16	2,406.	3,166,843.
2	Provide the estimated percentage of the curre				<u>, , , , , , , , , , , , , , , , , , , </u>	•	,	, ,
a	Board designated or quasi-endowment		%	.,,				
	Permanent endowment	%						
	Temporarily restricted endowment							
Ū	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the possess	=	tion that are held a	nd administer	red for the	e organiza	tion	
	by:					o o gaa		Yes No
	(i) unrelated organizations							_ <del>   </del>
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipme							
	Complete if the organization answered		. Part IV. line 11a. S	See Form 990	. Part X. I	ine 10.		
	Description of property	(a) Cost or ot		1		cumulated		(d) Book value
		basis (investm				reciation		(-,
	Land	`	,	, ,				
b	Buildings							
	Leasehold improvements		4	1,317.				41,317.
d	Equipment			0,677.	1	62,03	6.	48,641.
	Other			0,999.		91,46		49,539.
	. Add lines 1a through 1e. (Column (d) must eq						ightharpoonup	139,497.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 NEAR EAST FO	OUNDATION		13-1624114 Page
Part VII Investments - Other Securities.			g-
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 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 of	
(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" of	on Form 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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" of	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.	•		· •
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, li	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons

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	·		h Revenue per R	leturi	ո.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			44 000 540
	Total revenue, gains, and other support per audited financial statements			1	14,883,543.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	140 040		
	Net unrealized gains (losses) on investments		140,240.		
	Donated services and use of facilities		201,260.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			-	341,500.
	Add lines 2a through 2d			2e 3	14,542,043.
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	14,342,043.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,999.		
	Other (Describe in Part XIII.)		85,981.		
	Add lines <b>4a</b> and <b>4b</b>			4c	117,980.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 12</i> .			5	14,660,023.
	XII Reconciliation of Expenses per Audited Financial St				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	14,788,420.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	201,260.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
е .	Add lines <b>2a</b> through <b>2d</b>			2e	201,260.
3	Subtract line <b>2e</b> from line <b>1</b>			3	14,587,160.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	31,999.		
b	Other (Describe in Part XIII.)	4b			24 222
	Add lines <b>4a</b> and <b>4b</b>			4c	31,999.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	14,619,159.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4, Fait	. A, III e 2, Fait AI,
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
FOR	EIGN CURRENCY EXCHANGE				-87,083.
NON	-OPERATING INCOME				317,774.
LOS	S ON ACQUISITION				-144,710.
TOT	AL TO SCHEDULE D, PART XI, LINE 4B				85,981.

#### 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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

**Employer identification number** 

NEAR EAST FOUNDATION 13-1624114 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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? 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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region SUPPORT FOR FOOD, SECURITY, RESILIENCE TO CLIMATE CHANGE, AND MALI ROGRAM SERVICE SUPPORT OF POVERTY 5,017,599. INCREASED YOUTH CIVIC MOROCCO PROGRAM SERVICE ENGAGEMENT. 561,506. SUPPORT FOR PEACEBUILDING, NATURAL RESOURCE MANAGEMENT, FOOD SECURITY, POVERTY PROGRAM SERVICE SUDAN 1,806,557. TO SUPPORT AGRICULTURAL DEVELOPMENT AND CROSS PROGRAM SERVICE BORDER TRAINING. 801,083. WEST BANK SUPPORT SURVIVORS OF DOMESTIC VIOLENCE TO START THEIR OWN BUSINESS AND SECURE EMPLOYMENT. ARMENIA PROGRAM SERVICE 0. PROVIDE MATERIAL ASSISTANCE TARGETED TO TRAINING, OUTREACH JORDAN PROGRAM SERVICE SUPPORT AND MENTORING 2,485,531. PROVIDE MATERIAL ASSISTANCE TARGETED TO TRAINING, OUTREACH LEBANON PROGRAM SERVICE SUPPORT AND MENTORING. 913,545. 3 a Sub-total 10 0 11,585,821. **b** Total from continuation 0 sheets to Part I ....... 0. c Totals (add lines 3a

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Schedule F (Form 990) 2016

11,585,821.

0

and 3b)

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)	
			recognized as charities by the n 501(c)(3) equivalency letter						
						• ¯			

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

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	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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; do not file with Form 990) \_\_\_\_\_ Yes X 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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)

Instructions for Form 5713; do not file with Form 990)

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

Schedule F (Form 990) 2016

6

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 3, COLUMN (E):
REGION: MALI
(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR FOOD, SECURITY,
RESILIENCE TO CLIMATE CHANGE, AND SUPPORT OF POVERTY REDUCTION.
REGION: SUDAN
(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR PEACEBUILDING,
NATURAL RESOURCE MANAGEMENT, FOOD SECURITY, POVERTY REDUCTION, AND TO
REDUCE RISK OF MORBIDITY AND MORTALITY THROUGH IMPROVED ACCESS TO CLEAN
WATER, ADEQUATE SANITATION, AND GOOD HYGIENE.
REGION: JORDAN
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE MATERIAL ASSISTANCE
TARGETED TO TRAINING, OUTREACH SUPPORT AND MENTORING FOR IRAQI REFUGEES
AND THEIR JORDANIAN NEIGHHBORS.

#### **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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

NEAR EAST FOUNDATION

Employer identification number 13-1624114

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	X Compensation committee			
	X Independent compensation consultant			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2016

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CHARLES BENJAMIN	(i)	185,558.	0.	0.	11,679.	14,948.	212,185.	0.
PRESIDENT	(ii)	0.	0.	0.		0.		0.
(2) JOHN ASHBY	(i)	154,457.	0.	4,175.	9,879.	0.	168,511.	0.
ASSISTANT TREASURER, VICE PRESIDENT	(ii)	0.	0.	0.		0.		0.
(3) SIMONA CECI	(i)	140,786.	0.	4,175.		0.	- , -	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**2016** 

Open To Public Inspection

Name of the organization

NEAR EAST FOUNDATION

**Employer identification number** 13-1624114

				FOUNDAI									741	<del></del>		
Part I	Excess Bene	efit Transa	actio	ons (section 50	01(c)(3	3), sect	ion 501(	c)(4), and 50	)1(c)	(29) organization	ns only	/).				
	Complete if the o	organization	answ	vered "Yes" on	Form 9	990, Pa	art IV, lin	e 25a or 25k	o, or	Form 990-EZ. P	art V.	line 40	Ob.			
1				elationship bety					-,	,				(q)	Corre	cted?
<b>' (a)</b> Na	me of disqualified p	person	person and organization					(c) Description of transaction						-	es	No No
														+''	-3	NO
														+	-+	
														_		
2 Enter	the amount of tax i	incurred by t	he or	rganization man	nagers	or disc	qualified	persons du	ring	the year under						
section	on 4958											<b>&gt;</b> \$				
3 Enter	the amount of tax,											<b>\$</b>				
	,	<b>,</b> ,	, -	,	,		9					•				
Part II	Loans to and	d/or From	Inte	erested Per	sons	<u> </u>										
							7 Dort \/	lina 20a ar I		2 000 Dort IV lin	06.	ar if th		voi=oti	010	
	Complete if the o	J					., Part v,	line soa or i	-0111	1990, Part IV, III	ie 26,	Or II LI	ie orga	ırıızatı	OH	
	reported an amo					2. oan to or			· ·				<b>(h)</b> An	nroved	es 14	luitta a
	a) Name of rested person	(b) Relations with organiza		(c) Purpose of loan	fror	n the		Original oal amount	(f	) Balance due	(g) defa		(h) App by bo	ard or	(I) VV	ritten ment?
IIILGI	ested person	I with organiza	alion	OI IOAIT	organi	ization?	Princip	al alliount			ueia	uit!	comm	nittee?	agree	11101111:
					То	From					Yes	No	Yes	No	Yes	No
					1											
					-											-
		-			-											
Total								> \$								
Part III	Grants or As	ssistance	Ben	efiting Inte	reste	d Pe	rsons.									
	Complete if the o	organization	answ	vered "Yes" on	Form 9	990, Pa	art IV, lin	e 27.								
(a) N	lame of interested p	person	(	b) Relationship	betwe	en	(c)	Amount of		<b>(d)</b> Type	of		(e)	) Purp	ose of	f
			`	interested pers	son an		a	ssistance		assistan	ce		á	assista	ance	
				the organiza	ation											
												$\neg \dagger$				
			<u> </u>									-				
			+				<del>                                     </del>					$\dashv$				
			+				-					$\dashv$				
			1									-+				
			1													
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			1													

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Schedule L (Form 990 or 990-EZ) 2016

Complete if the organization answered  (a) Name of interested person		ship between		-	(c) Amount of	(d) Description of		aring of
(a) Name of interested person		and the organ		ieu	transaction	transaction	òrganiz rever	zation's nues?
JENNIFER ABDELLA	FAMILY	MEMBER	OF	тн	94.584.	 JENNIFER AB	Yes	No X
		HILIDLIN	- 01		31,301.		1	21
Part V Supplemental Information								
Provide additional information for resp	onses to ques	stions on Sch	edule L	(see i	instructions).			
CON I DADE IN DUCTNICO I		TT0110 T	NT 70 T		NG THERESE	ED DEDGONG		
SCH L, PART IV, BUSINESS T	'RANSAC'	LIONS I	NVOL	ΛΤΙ	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: JENNIE	ER ABDI	ELLA						
/->								
(B) RELATIONSHIP BETWEEN I	LNTEREST	IED PER	SON	ANI	D ORGANIZAT	TON:		
FAMILY MEMBER OF THE ORGAN	NIZATION	N'S PRE	SIDE	NT				
(D) DEGGDEDETON OF EDINGS	201						0.7	
(D) DESCRIPTION OF TRANSAC	CTION: C	JENNIFE	R AB	DEI	LLA IS A FA	WILY WEWBER	OF'	
THE PRESIDENT AND IS ALSO	EMPLOYE	ED BY T	HE O	RG	ANIZATION A	S THE SENIC	R	
PRACTICE AREA LEAD - ENVIR	RONMENTA	AL & NA	TURA	<u>н</u>	RESOURCES.			
			·					

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047 **2016** 

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEAR EAST FOUNDATION

**Employer identification number** 13-1624114

Par	t I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	•	ts
1	Art - Works of art		items contributed	r orrivous, r art viii, iirio 1g			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	6	117,647.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			1.60			
25	Other (IN-KIND PROFE)	X	1		FAIR MARKET		
26	Other $\blacktriangleright$ ( IN-KIND RENT )	Х	1	38,367.	FAIR MARKET	VALUE	i
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organifor which the organization completed Form 82						
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	•	•	•	itions?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	icit, process, or sell noncash			37
						32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

Schedule M (Form 990) (2016) NEAR EAST FOUNDATION	13-1624114 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 3 is reporting in Part I, column (b), the number of contributions, the number of items retained this part for any additional information.	30b, 32b, and 33, and whether the organization ceived, or a combination of both. Also complete

#### SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public ► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEAR EAST FOUNDATION **Employer identification number** 13-1624114

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MIDDLE EAST AND AFRICA THROUGH EDUCATION, COMMUNITY ORGANIZATION, AND ECONOMIC DEVELOPMENT.

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

PROGRAMS TO REDUCE THEIR RISK OF MORBIDITY AND MORTALITY THROUGH IMPROVED ACCESS TO CLEAN WATER, ADEQUATE SANITATION, GOOD HYGIENE IN SUDAN'S CENTRAL DARFUR & SOUTH KORDOFAN STATE.

EXPENSES \$ 3,389,775. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MALI, MOROCCO, JORDAN, SUDAN,

OTHER COUNTRY

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

ONCE NEF MANAGEMENT HAS COMPLETED THE FORM 990 IN DRAFT, IN CONSULTATION WITH THE ORGANIZATION'S TAX PREPARERS, NEF MANAGEMENT WILL PROVIDE THE DRAFT FORM TO THE NEF AUDIT COMMITTEE AHEAD OF A MEETING OF THIS COMMITTEE. THE COMMITTEE WILL REVIEW THE DRAFT FORM AND PROVIDE ITS APPROVAL, SUBJECT TO APPROPRIATE REVISIONS. UPON SUCH APPROVAL, NEF MANAGEMENT WILL PROVIDE THE APPROVED FROM 990 TO THE FULL NEF BOARD AND SUBMIT THE APPROVED FORM TO THE IRS ACCORDANCE WITH THE REQUIRED DUE DATES FOR SUBMISSION.

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

DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE

QUESTIONNAIRE EACH YEAR, DISCLOSING ANY CONFLICTS OF INTERESTS. A RESPONSE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization  NEAR EAST FOUNDATION	13-1624114
IS REQUIRED AND ANY POTENTIAL CONFLICTS ARE INVESTIGATED	AND BROUGHT TO THE
ATTENTION OF THE CHAIRMAN, PRESIDENT, AND IF APPROPRIATE,	LEGAL COUNSEL.
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS TO SET EXECUTIVE COMPENSATION (PRESIDENT, OF	CICERS, & OTHER KEY
EMPLOYEES) CONSISTS OF A REVIEW CONDUCTED BY THE ADMINIST	RATIVE COMMITTEE
OF THE BOARD AND REPORTED TO THE EXECUTIVE OF THE BOARD.	LEGAL COUNSEL IS
CONSULTED REGARDING TERMS AND CONDITIONS. RECRUITING AGE	ENTS MAY ALSO BE
CONSULTED TO DETERMINE APPOPRIATE SALARIES. COMPARABILIT	Y MEASURES INCLUDE
990'S FOR COMPARABLE ORGANIZATIONS, RECRUITERS, AND ALSO	SURVEYS ON
NOT-FOR-PROFIT PAY PUBLISHED BY INSIDENGO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	_

#### **SCHEDULE R** (Form 990)

**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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-1624114

NEAR EAST FO	13-1624114				
Part I Identification of Disregarded Entities. Com	pplete if the organization answered "Yes"	on Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
NEFDEV LLC - 20-4608646					
90 BROAD STREET, 15TH FLOOR					
NEW YORK, NY 10004	INACTIVE	NEW YORK			NEAR EAST FOUNDATION
NEAR EAST FOUNDATION UK LIMITED	TO BUILD COMMUNITIES IN				
32-36 LOMAN STREET	MIDDLE EAST/AFRICA THROUGH				
LONDON, UNITED KINGDOM	EDUCATION AND DEVELOPMENT	UNITED KINGDOM	1,556,690.	1,144,137.	NEAR EAST FOUNDATION
Part II Identification of Related Tax-Exempt Orga	nizations. Complete if the organization a	nswered "Yes" on Form 990, Pa	art IV, line 34 becaus	e it had one or more	e related tax-exempt

organizations during the tax year. (b) (d) (e) (f) (c)

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

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

Page 2

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. Part III

organizations treated as a pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)		ո)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manaq partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										$\perp$	
										+	<del>                                     </del>

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>(b)</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) ction (b)(13) trolled tity?
								100	

Page 3

Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b							
	Gift, grant, or capital contribution from related organization(s)											
	Loans or loan guarantees to or for related organization(s)											
	Loans or loan guarantees by related organization(s)											
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)											
	Performance of services or membership or fundraising solicitations for related orga											
	Performance of services or membership or fundraising solicitations by related orga											
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat											
0	Sharing of paid employees with related organization(s)				10							
	Reimbursement paid to related organization(s) for expenses											
q	Reimbursement paid by related organization(s) for expenses				1q							
	Other transfer of cash or property to related organization(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 v	who must complete t	his line, including covered rela	tionships 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)												

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.	)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

**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.

#### 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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print NEAR EAST FOUNDATION 13-1624114 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 230 EUCLID AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SYRACUSE, NY 13210 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JOHN ASHBY The books are in the care of ► 110 FAYETTE STREET, SUITE 710 - SYRACUSE, NY 13202 Telephone No. ► 315-428-8670 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 and attach a list with the names and EINs of all members the extension is for. $oxedsymbol{oxtlesh}$ . If it is for part of the group, check this box lacksquare $oxedsymbol{oxed}$ MAY 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: \_\_\_ calendar year ightharpoonup | X | tax year beginning JUL 1, 2016 JUN 30, 2017 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2017)

3a | \$

3b

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## Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30 , 2017

OMB No. 1545-1878

Department of the Treasury  Department of the Treasury				
Internal Revenue Service	► Information about Form 8879-EO and its instru	ctions is at www.irs.gov/form8	879eo.	
Name of exempt organization			Employer	identification number
NEAR EAST FOU	IDATION		13-1	624114
Name and title of officer				
JOHN ASHBY				
CHIEF FINANCIA	AL OFFICER			
	leturn and Return Information (Whole Dollars			
on line 1a 2a 3a 4a or 5	n for which you are using this Form 8879-EO and enter , below, and the amount on that line for the return being nk (do not enter -0-). But, if you entered -0- on the return	g filed with this form was blank,	tnen leave	line 10, 20, 30, 40, or 50,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part V	III, column (A), line 12)	1b	14,660,023.
2a Form 990-EZ check he	e <b>b</b> Total revenue, if any (Form 990-EZ	. line 9)	2b	
3a Form 1120-POL check	· · · · · · · · · · · · · · · · · · ·			
4a Form 990-PF check he				
5a Form 8868 check here	raine			
ba Form cooo check here	b Balatice Due (t offi cood, and co)			
Part II Declarat	on and Signature Authorization of Officer			
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a	er, transmitter, or electronic return originator (ERO) to so receipt or reason for rejection of the transmission, (b) to splicable, I authorize the U.S. Treasury and its designate institution account indicated in the tax preparation soft titution to debit the entry to this account. To revoke a para 2 business days prior to the payment (settlement) day payment of taxes to receive confidential information number (PIN) as my signature for lectronic funds withdrawal.	he reason for any delay in proceed Financial Agent to initiate an ware for payment of the organizayment, I must contact the U.Ste. I also authorize the financial ecessary to answer inquirles an	essing the interpretation electronic zation's fed a contraction in the	return or returnd, and (c) funds withdrawal (direct leral taxes owed on this Financial Agent at s involved in the ssues related to the
	NADIO & CO., LLP		to enter m	v PIN 24114
authorize <u>BU</u>	ERO firm name		to enter n	Enter five numbers, bu
is being filed wit	on the organization's tax year 2016 electronically filed re a state agency(ies) regulating charities as part of the II	eturn. If I have indicated within t RS Fed/State program, I also au	this return t uthorize the	do not enter all zeros that a copy of the return aforementioned ERO to
•	the return's disclosure consent screen.			
indicated within	ne organization, I will enter my PIN as my signature on this return that a copy of the return is being filed with a ster my PIN on the return's disclosure consent screen.	state agency(ies) regulating cha	electronica arities as pa May 14, 20	art of the IHS Fed/State
-	<b>/</b>			
Part III Certifica	tion and Authentication			
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification			
•	your five-digit self-selected PIN.	1660525700 do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				
ERO's signature	areah Masari	Date >	5/14/1	8

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So