			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047
For	_ Q	90	Return of Organization Exempt From		0040
For		<b>JU</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e ▶ Do not enter social security numbers on this form as it may		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	-	Open to Public Inspection
				JUN 30, 2019	
B	Check if applicab	le: C Name of	forganization	D Employer identifica	tion number
	Addre		EAST FOUNDATION		
	Chang Name Chang		usiness as	13-16	24114
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Final returr	110	WEST FAYETTE STREET 710		10-5588
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	18,314,106.
	Amer	<b>DIKA</b>	CUSE, NY 13202	H(a) Is this a group retu	
	Appli tion pendi	F Name a	nd address of principal officer: JOHN ASHBY	for subordinates?	
		TTO W	EST FAYETTE STREET, SYRACUSE, NY 13202		
		empt status:			t. (see instructions)
			NEAREAST.ORG         X       Corporation         Trust       Association         Other       L Ye	H(c) Group exemption r ar of formation: 1930 M S	
	art I	Summary			State of legal dofficile. IN I
	1		e the organization's mission or most significant activities: THE NEAR	EAST FOUNDATIO	N HELPS
Se	1.		ORE SUSTAINABLE, PROSPEROUS, AND INCLUS		
nar	2		x      if the organization discontinued its operations or disposed of mo		
Governance	3	Number of vot	ing members of the governing body (Part VI, line 1a)	3	14
ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		13
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)		44
iti	6	Total number	of volunteers (estimate if necessary)		25
Acti	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
		Contributions	and grants (Dart ) (III line 1b)	Prior Year 0 .	Current Year 16,590,038.
ani	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	•	ce revenue (Part VIII, line 2g)	0.	200,417.
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	199,421.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	16,989,876.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	2,279,709.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	6,016,150.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ad X	. b		ing expenses (Part IX, column (D), line 25)      9,816.		0.015 500
ш	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	8,215,509.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	<u>16,511,368.</u> 478,508.
	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or	20	Total assets (F		Beginning of Current Year 9,136,077.	End of Year 11,259,076.
Asse	21	-	(Part X, line 26)	2,967,151.	4,504,725.
Net	22		fund balances. Subtract line 21 from line 20	6,168,926.	6,754,351.
	art II	Signature		· · · ·	· · ·
Unc	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my ki	nowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	
_		Ciancture	a of officer	Date	

Sign	Signature of officer		Date	
Here	JOHN ASHBY, CHIEF FINA	NCIAL OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	ate Check	PTIN
Paid	KAREN NASONI		if self-employed	P00057004
Preparer	Firm's name 🕒 BONADIO & CO., L	LP	Firm's EIN 🕨	16-1131146
Use Only	Firm's address 🖕 432 NORTH FRANKL	IN STREET		
	SYRACUSE, NY 132	04	Phone no. (31	5) 476-4004
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) NEAR EAST FOUNDATION	13-1624114	Page <b>2</b>
Pa	t III 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:THENEAREASTFOUNDATIONHELPSBUILDMORESUSTAINABLEINCLUSIVECOMMUNITIESINTHEMIDDLEEASTANDAFRICAT	· · · · · · · · · · · · · · · · · · ·	
	GOVERNANCE, AND ECONOMIC DEVELOPMENT INITIATIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server If "Yes," describe these changes on Schedule O.	vices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and	d
4a	(Code:) (Expenses \$ 5,632,697. including grants of \$ 2,279,709. )	(Revenue \$	)
	PROGRAMS TO SUPPORT SMALLHOLDER FARMERS AND OTHER NAT		
	RESOURCE-DEPENDENT POPULATIONS THROUGH A VARIETY OF I IMPROVE FOOD SECURITY AND INCREASE INCOMES. NEF'S PE	IMARY PROGRAM	
	FOCUS IN AGRICULTURE IS TO ENABLE COMMUNITIES TO USE		
	MORE EFFICIENTLY.	WATER RESOURCES	
4b	(Code: ) (Expenses \$ 4,594,035. including grants of \$ )	(Revenue \$	
	PROGRAMS TO CREATE SUSTAINABLE LIVELIHOODS THROUGH MI		/
	DEVELOPMENT AND BUSINESS TRAINING. NEF WORKS TO CREA		S
		VIDES MATERIAL	
	ASSISTANCE, TARGETED TRAINING AND OUTREACH SUPPORT AN		
	IRAQI REFUGEES AND THEIR JORDANIAN NEIGHBORS TO CREAT LIVELIHOODS.	E SUSTAINABLE	
4c	(Code: ) (Expenses \$ 1,481,817. including grants of \$ )	(Devenue *	
40	PROGRAMS TO BUILD PEACE THROUGH ECONOMIC COOPERATION		)
	NEF HELPS REDUCE POVERTY AND PROMOTE SUSTAINABLE ECON		
	IN CONFLICT AND POST-CONFLICT AREAS. ACTIVITIES FOCUS		
	LIVELIHOOD ISSUES AND HELP PARTICIPANTS FIND MUTUAL I	NTERESTS AND	
	BENEFIT THROUGH ECONOMIC COOPERATION.		
	TRAIN PALESTINIANS AND ISRAELIS THROUGH CROSS-BORDER	TTATNING AND	
	EVENTS FOCUSED ON BUILDING COOPERATION THROUGH MUTUAL		יד
	IN THE OLIVE OIL SECTOR.		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 4,133,960. including grants of \$ ) (Revenue \$	Ň	
40	(Expenses \$ 4,133,960. including grants of \$ ) (Revenue \$         Total program service expenses ► 15,842,509.	)	
-70		Form <b>99</b>	<b>90</b> (2018)
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NEA00401

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 Form 990 (2018)
 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	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,		х	
Ŀ	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		x
•	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	3 12-31-18	Form	<b>320</b>	(2018)

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Form	990	(2018)
	330	(2010)

 Form 990 (2018)
 NEAR
 EAST
 FOUNDATION

 Part IV
 Checklist of Required
 Schedules
 (continued)

22       Did the organization report more than 55,000 of grants or other assistance to or domestic individual on Part X (in More 3, or 5 about compensation of the organization is current and former officer, director, trustes, key mployees, and highest compensation of the organization is current and former officer, director, trustes, key mployees, and highest compensation of the organization is current and former officer, director, trustes, key mployees, and highest compensation of the organization is current and former officer, director, trustes, key mployees, and highest compensation of the organization is current and former officer.       28         24a       Did the organization meet any piocede of tax exempt bonds beyond a temporary period exception?       24a         25       Bid the organization meet any piocede of tax exempt bonds beyond a temporary period exception?       24a         25       Bid the organization meet any piocede of tax exempt bonds beyond a temporary period exception?       24a         26       Bid the organization meet any piocede of tax exempt bonds beyond a temporary period exception?       24a         26       Bid the organization meet any tam eactors benefit transactions. Did the organization register and the temporary period exception?       24a         27       Bid the organization meet any tam engaged in an excess benefit transaction with a disqualified person?       24a         28       Sected AC (AC), Stick(A), and Stic(A), and A, and Stic(A),				Yes	No
Part K. column (A), line 2? (****) Complete: Schedule (****) for at 10, Schedule 7.       22       X         21       Dot the organization ansex************************************	22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		res	No
23         Did the organization arswer "Ve" to EV U, Section A, line 3, 4, or 2 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? <i>B</i> 'Yes, ' complete Schedule <i>L</i> , <i>H</i> 'No,' or <i>Line V</i> , <i>Line S</i> , <i>Line V</i> , <i>Lin</i>	22		22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete     24     24       24     Did the organization have a tax exempt bond issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, it all was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a       24     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary poind exception?     24b       24     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary poind exception?     24c       25     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 of the prevance to the organization in a priory year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I       25     Did the organization negoted on any any of the organization in a priory year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I       26     Did the organization provid a grant or the assistance to an officer, director, trustee, key employees, ubstantial contributor or employee thereol, a grant soliciton committee member: or to a 35% controlled entry or family member of any of these person? If "Yes," complete Schedule L, Part I       26     X       27     X       28     X       29     Did the organization receive more than a site to a transaction with a antifyer of the prior family	22		22		- 23
Schedule J       23       X         44       Dot the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K if No," go to line 25a       24a         24       Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         25       Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         25       Section 50(16)(3)       50(14c) and 50(16)(29) organization.       24d         26       Section 50(16)(3)       50(14c) and 50(16)(29) organization.       24d         25       Section 50(16)(3)       50(14c) and 50(16)(29) organizations.       24d         26       Section 50(16)(3)       50(14c) and 50(16)(29) organization's pior Forms 980 or 990E27.       11*Ves,* complete Schedule L, Part I         26       Dit the organization aware that in tangaded in an excess benefit transaction with a disquatified person any anount on Part X, line 5, 6, or 22 for mexicable from or payables to any current or forms officer, director, trustee, key employees, or disqualified person any (1*Ves,* complete Schedule L, Part I         27       Dit the organization appet the business transaction with an edit or indime emergin or the assistance to an officer, director, trustee, key employee, and the following parties (see Schedule L, Part I)       26       X         27       Did the organization appet to business tramanaction with an edit orindime emergin any	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal emount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yea, 'narwer lines 24b through 24d and complete Schedule K /r Mo,' go to line 25a       24b         25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24c         26 Did the organization invest any incode of tax exempt bonds beyond a temporary period exception?       24c         26 Did the organization arises an 'on behaf of issue for bonds outstanding at any time during the year's defease any tax exempt bonds outstanding at any time during the year's defease any tax exempt bonds the dissualified person is a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a dissualified person any any current or former officers, director, trustees, key employees, thighet compensation prior forms 800 or 800-872 /r 'key, 'complete Schedule L, Part I       25b       X         27 Did the organization provids a grant softcotic tourner to the following parties (see Schedule L, Part I)       25b       X         28 Was the organization provids a grant softcotic toutstee, not expende to any employee, or a subject to tax softso theorem officer, director, trustee, nor explose Schedule L, Part I       25b       X         29 Was the organization inverse transaction with a outfit of the parties (see Schedule L, Part I)       25b       X         29 Was the organization provids a grant softcotic trustee, nor exployees filling theoretoids, condition of theore officer, director, trustee, nor exployees Schedule L, Part I //       25b			22	x	
Is at day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete     24b       Schedule K, 1 Wo, 'po of line 25a     24b       C bid the organization mixet any proceeds of tax exempt bands beyond a temporary period exception?     24b       C bid the organization mixet any proceeds of tax exempt bands beyond a temporary period exception?     24b       D bit the organization mixet any proceeds of tax exempt bands beyond a temporary period exception?     24d       D bit the organization and tas an 'on behal of' issuer for bonds outstanding at any time during the year?     24d       D bit the organization acts as an 'on behal of' issuer for bonds outstanding at any time during the year?     24d       D bit the organization acts as an 'on behal of' issuer for bonds outstanding at any time during the year?     24d       D bit the organization acres that the analytic the organization. But the organization any othe access benefit tamisation is a profit or gond and the seases benefit tamisation with a disqualified person?     25b       D bit the organization provide a grant or other assistance to an officer, director, trustee, or languiste bechardle L, Part I     25b       D bit the organization provide a grant or other assistance to an officer, director, trustee, or languiste bechardle L, Part IV     27       D d the organization provide a grant or other assistance to an officer, director, trustee, or languiste bechardle L, Part IV     27b       D d the organization organization, part bechardle L, Part IV     27b       D d the organization organization, wer	24 2		23	- 23	<u> </u>
Schedule K. If Yok, 'go to fine 25a     244     X       b Did the organization meantain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds?     246       c Did the organization maintain an escrow account other than a retunding secrow at any time during the year?     246       22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization reque in an excess benefit transaction with a disqualified person during the year?     246       22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization's prior Forms 900 or 900E2? If "Yea," complete Schedule I, Part I     25a       25 Did the organization report any amount on Part X, time 5, 6, or 22 for neceivables from or payables to any oursent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yea," complete Schedule I, Part IV instructions persons? If 'Yee,' complete Schedule I, Part IV       26 Was the organization portice against on other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, agrant selection committee mether, or to a 55% controlled antity or family methor of any of these persons? If 'Yee,' complete Schedule I, Part IV       28 Was the organization provide agrant or other assistance to an officer, director, trustee, expeription;     25b       29 Was the organization methan 52, 000 in one cash ontributors? If 'Yes,' complete Schedule I, Part IV instructions to papicizable limpt thresholds, conclude I, Part IV     25b       29 Was the organization neceve contributions of art, historical treasures, or other similar assets, or qualified conservation     26a	240				
b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an excrew account other than a refunding acrow at any time during the year to defease any tax-exempt bonds?       24d         d       Did the organization cat as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         d       Did the organization cat as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         d       Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         d       Did the organization access benefit transaction with a disqualified person with a disqualified person any of the organization sign any other assistance to any of the organization sign any other assistance to an officer, director, trustee, key employees, ubdatratial contributor or employee thereof a gar at selection committee member, or to a 3% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV       26a       X         27       Did the organization povide a grant or other assistance to an officer, director, trustee, key employees, ubdatratial contributor of more officer, director, trustee, key employees or a family member of a our of these persons? If 'Yes,' complete Schedule L, Part IV       28a       X         28       Was the organization reports a business transaction with one of the following partes (see Schedule L, Part IV       28a       X         29       D A tamily member			242		x
c       Did the organization maintain an encome account other than a refunding escrew at any time during the year to defease any tax-semptib conds?       246         25a       Section 50 (c)(3), 50 (c)(4), and 50 (c)(20) organizations. Did the organization anguage in an excess benefit transaction with a disqualified person (1) ang the year?       246         25a       Section 50 (c)(3), 50 (c)(4), and 50 (c)(20) organizations. Did the organization are ware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may of the organizations prior Forms 900 or 990 E27 (! 'Yes,' complete Schedule L, Part I       25b       X         25b       Did the organization reported on any of the organizations prior Forms 900 or 990 E27 (! 'Yes,' complete Schedule L, Part I       25b       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 50% controlled entry or family member       27       X         28       Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selector committee member, or to a 50% controlled entry or family member       27       X         28       Was the organization neove than 62.000 in one cash contributions?       28a       X         29       A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, intrustee, or key employee? If 'Yes,' complete Sch	h				<u> </u>
any tax-exempt bonds?     24d       4     Det the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d       25a     Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I     25a       25b     Did the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or forms officer, directors, trustes, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II     26b       27     Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employes thered, a grant section committee member, or to a 35% controlled entry of family member of a any of these persons? If 'Yes,' complete Schedule L, Part II     27       28     Was the organization apert by a business transaction with one of the following parties (see Schedule L, Part IV instructors for applicable filing thresholds, conditions, and exceptions):     28a     X       29     N a tarrity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV     28a     X       29     Did the organization receive contribution of a 1, historial transacts, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV     28a     X       29 <td< td=""><td></td><td></td><td>240</td><td></td><td><u> </u></td></td<>			240		<u> </u>
d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?       24d         25a Section 501(x)8, 501(c)(a), 406 (c)(x), 406 (c)(x) organizations. Did the organization engage in an excess benefit transaction with a disqualified person wire that it engaged in an excess benefit transaction with a disqualified person any other enganizations prior Forms 190 or 900-E77 // Yes, 'complete Schedule L, Part I       25a         2 bit 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? // Yes, 'complete Schedule L, Part I       26a       X.         27 Did the organization provide a grant or other assistance to an officer, director, trustee, lev employees, substantial contributor or employees thered, a grant selection committee member, or to a 35% controlled entity or family member of any of the erganization provide a grant or other assistance to an officer, director, trustee, or key employee (a) L Part IV       28a       X.         28 Was the organization conditions, and excess theoretions:       a A current or former officer, director, trustee, or key employee (a) L Part IV       28a       X.         29 Did the organization receive contributions of nt yes, "complete Schedule L, Part IV       28a       X.         30 Did the organization receive contributions of nt, historical treasures, or other similar assets, or qualified conservation contributions of nt, historical treasures, or other similar assets, or qualified conservation contributions of nt, historical treasures, or omplete Schedule R, Part I, II, or N, and Part V, ime 1	U		240		
25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction mean that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, or disqualified persons? If 'Yes,' complete Schedule L, Part I       25a       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantal contributor or employe thereof, a grant selection committee member, or to a 35% controlled entry of family member of any of these persons? If 'Yes,' complete Schedule L, Part IV       26a       X         27       Did the organization approxibility to a business transaction with one of the following parties (see Schedule L, Part IV       26a       X         28       Was the organization approxibility to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       Did the organization approxibility to a business transaction with one of the solibility fires,' complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of are historial transaction, orthore similar assets, or qualified conservation contributions and the historial transaction with one of the similar assets? If 'Yes,' complete Schedule L, Part IV       28a       X         20       Did the organization receive orthibutions of are his	Ь				
transaction with a disqualified person during the yea? If 'Yea,' complete Schedule L, Part I       25a       X         b is the organization a party amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If 'Yea,'' complete Schedule L, Part I       26       X         27       Did the organization a porty 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, or disqualified persons? If 'Yea,'' complete Schedule L, Part II       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       26       X         29       A current or former officer, director, trustee, or key employee (I'Yea,'' complete Schedule L, Part IV)       28a       X         20       A current or former officer, director, trustee, or key employee? If 'Yea,'' complete Schedule L, Part IV       28a       X         20       A current or former officer, director, trustee, or key employee? If 'Yea,'' complete Schedule L, Part IV       28a       X         20       Did the organization receive contributions of I'''yea,'' complete Schedule L, Part IV       28a       X         21       Did the organization receive contributions of I'''yea,'' complete Schedule L, Part IV       28a       X         220       Did the organization receive contributions of I'''yea,'' complete Schedule L, P			240		
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 spice Forms 990 or 990-E27 (# *Ves,* complete Schedule L, Part I)         26 Did the organization report any amount on Part X, line 5, 6, or 22 for necelvables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? (# *Yes,* complete Schedule L, Part I)       26         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 mitty or family member of a number of a current or former officer, director, trustee, cer key employee? (# *Yes,* complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X         28       Was the organization approximation approximation to former officer, director, trustee, or key employee? (# *Yes,* complete Schedule L, Part IV       28       X         29       Did the organization receive more than \$25,000 in non-cash contributions? (# *Yes,* complete Schedule L, Part IV       28       X         29       Did the organization receive controbutions of at, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule L, Part II       28       X         20       Did the organization oneceive controbutions of at, historical treasures, or other similar assets, or qualified conservation controller on transfer more than 25% of this net assets? If *Yes,* complete Schedule L, Part II </td <td>200</td> <td></td> <td>25a</td> <td></td> <td>x</td>	200		25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     If "Yes," complete Schedule L, Part I     25b     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 thered, 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     28a     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):     28a     X       29     Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV     28a     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 negative contributions of art, historical treasures, or other similar assets, or qualified conservation contribution? If "Yes," complete Schedule A, Part I     30     X       30     Did the organization negative and exase operations?     33     X       31     Did the organization negative and trease and cease operations?     3	h		200		
Schedule L, Part I       250       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? II "Yes," complete Schedule L, Part II       260       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? II "Yes," complete Schedule L, Part IV       27       X         28       Was the organization provide to abundless transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical trassures, or other similar asset, or qualified conservation contributions? II "Yes," complete Schedule N, Part I       20       X         30       Did the organization receive any to a subset asset and cease operations?       II 'Yes," complete Schedule N, Part I       30       X         31       X       Schedule N, Part II       30       X       31					
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? // 'Yes,'' complete Schedule L, Part II       28         27       Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // 'Yes,'' complete Schedule L, Part IV       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       Did the organization or former officer, director, trustee, or key employee? If 'Yes,'' complete Schedule L, Part IV       28a       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization inducts, terminate, or key employee? If 'Yes,' complete Schedule M       20a       X         30       Did the organization necleve contributions of at, historical treasures, or dure smillar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M       20a       X         31       X       31       X       33       X         32       Did the organization necleve contributions of at, historical treasures, or dure smillar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M       30a       X         <			25h		x
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // 'Yes,''     26     X       20     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? // 'Yes,' complete Schedule L, Part II     27     X       28     Was 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? // 'Yes,' complete Schedule L, Part IV     28     X       29     Mast the organization receive control of forcer, director, trustee, or key employee? // 'Yes,' complete Schedule L, Part IV     28     X       29     Did the organization receive oror of indirect owne? // 'Yes,' complete Schedule L, Part IV     29     X       20     Did the organization receive oror plants \$2,000 in non-cash contributions? // 'Yes,' complete Schedule M     20     X       20     Did the organization receive oror flows of any historical treasures, or other similar assets, or qualified conservation contributions? // 'Yes,' complete Schedule M, Part I     20     X       20     Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? // 'Yes,' complete Schedule M, Part I     20     X       31     Did the organization related to any tax-exempt or taxable entity? // 'Yes,' complete Sched	26		200		
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 contributors or employee threed, 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     27     X       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV     28a     X       29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 Did the organization receive more than 25000 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 receive controluctions?     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 I     33     X       33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512b(1/3)?     34     X       34 Did the organization receive size (Size) and provide explanations in Schedule O for	20				
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 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       X         29       Did the organization receive, nicrector, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28       X         30       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         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II.       33       X         32       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.       33       X <t< td=""><td></td><td></td><td>26</td><td></td><td>x</td></t<>			26		x
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 II     27     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV     28a     X       29     A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29     D at member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29     D id the organization receive more than SS 5000 in non-cash contributions? If "Yes," complete Schedule L, Part IV     28a     X       29     D id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I     30     X       30     D id the organization idualet, terminater, or disorve and cease operations?     31     X       31     X     33     X       32     D id the organization idualet, terminater, or somplete Schedule R, Part I     33     31       33     D id the organization idualet, terminater, organy to asset the member of a current or tormer officer, director, trustee, or key employee?     33     X       34     Was the organization related to any taxewamp to rasable entity?     11 "Yes," complete Schedule N, Part I     31       <	27				<u> </u>
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     28a     X       29 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV     28a     X       20 A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV     28a     X       20 Did the organization receive ontributions of art, historical treasures, or dual for adminy 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 (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 (or a family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or complete Schedule N, Part I     30     X       31     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):       28a       X         2       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         2       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         2       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization inguidate, terminate, or dissolve and cease operations?       31       X         33       Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       33       X         34       Was the organization nelated to any traxester for traxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)			27		x
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 c An entity of which 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 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M c An entity of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I c Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I c 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 c and V was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 c and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? c b If "Yes," complete Schedule R, Part V, line 2 c and twithin the reganization complete Schedule O and provide explanations in Schedule O for Part V, line 1 c and that is treated as a partnership for federal income tax purposes? If "Yes, "complete Schedule R, Part V c and c and that is treated as a partnership for federal income tax purposes? If "Yes, "complete Schedule R, Part V c and c and that is treated as a partnership for federal income ta	28				
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         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 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? (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? (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 employee?)     28c     X     29     X       30     Ut the organization is of art, historical treasures, or other similar assets, or qualified conservation     30     X     3					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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       29 X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N       30 X         31 Did the organization liquidate, terminate, or dissolve and cease operations?       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 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       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 releave any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a X         36 Section 501c(X) organizations. Did the organization medule R, Part V, line 2       36 X         37 Did the organization complete Schedule R, Part V, line 2       36 X	а		28a		x
c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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         31       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         32       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         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, UI, or IV, and Part V, line 1       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       J       J       J         364       Was the organization conduct met and seany transfers to an exempt non-charitable related organization?       J       J       J         37       Did the organization conduct met than 5% of its activities through an entity that is not a related organization?       J       J       J				Х	
director, trustee, or direct or indirect owner? 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     20     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?     31     X       32     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,* complete     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 nave a controlled entity within the meaning of section 512(b)(13)?     35a     X       35a     Did the organization nave a controlled entity within the meaning of section 512(b)(13)?     35a     X       35a     Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?     35a     X       35a     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     36     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?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       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 netaled 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         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       37       X         35b       Did the organization complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a parthership for			28c		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?       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 I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? 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         36       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       37         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?       38       X         37 </td <td>29</td> <td></td> <td></td> <td>Х</td> <td></td>	29			Х	
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explan					
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Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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       X         Note. All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c<	34				
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36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note. All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       6       1b       0       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       Form 990 (2018	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
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38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note. All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         832004       12-31-18       Form 990 (2018	37				
Note. All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         1a       6       1a       6         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       6       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         832004 12-31-18		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6       Yes       No         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         832004       12-31-18       Form 990 (2018)       12	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V         X         1a       6         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         832004       12-31-18       Form 990 (2018)			38	Х	
1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       6       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         832004       12-31-18       Form 990 (2018)	Par				
1a       6         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       6         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         832004       12-31-18       Form 990 (2018)		Check If Schedule O contains a response or note to any line in this Part V	<u></u>		
b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c         (gambling) winnings to prize winners?       1c         832004       12-31-18       Form 990 (2018)				Yes	No
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         832004       12-31-18       Form 990 (2018)			_		
(gambling) winnings to prize winners?         1c         1c         990         (2018)           832004         12-31-18         Form         990         (2018)         12-31-38         12-31			-		
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Form	<u>990 (2018)</u> NEAR EAST FOUNDATION 13-1624	114	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 44			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country:  SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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 0h		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
b				
1 <b>2</b> 9	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
h	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
			200	

Form **990** (2018)

832005 12-31-18

Form 990 (20	018)
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# NEAR EAST FOUNDATION

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	elow, a	and for a "No" resp	onse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct			
	Check if Schedule O contains a response or note to any line in this Part VI			. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1a		14			
	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		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						37
	officer, director, trustee, or key employee?			E E	2		Х
	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			E E E	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?		4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	•			7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			·····	74		
	persons other than the governing body?				7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
		,	0-		0-	х	
	The governing body?				<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?				8b	~	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)				
				r		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the f	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	in Schedule O how this was done	, ,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?				14	Х	
	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·				
	The organization's CEO, Executive Director, or top management official				15a	Х	
	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).						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	's				
	exempt status with respect to such arrangements?				16b		
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	d 990-	T (Section 5	501(c)(3)s	only) a	availab	ole
	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 Scl	nedule ())				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	licy, and f	inanc	ial	
	statements available to the public during the tax year.			- , ,			
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	JOHN ASHBY - 315-428-8670	no an	1000103	- <u> </u>			
	110 FAYETTE STREET, SUITE 710, SYRACUSE, NY 13202				Form	990	(204

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	d a di	irecto	r/trus <sup>.</sup>	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dii	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		æ	bensi		(W-2/1099-MISC)		organization
	organizations	ual tri	ional		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHANT MARDIROSSIAN	1.00	드	드	10	¥.	Ξə	Fc			
DIRECTOR		х		х				0.	0.	0.
(2) HAIG MARDIKIAN	1.00									
CHAIRMAN		x		х				0.	0.	0.
(3) JOHNSON GARRETT	1.00									
VICE CHAIRMAN		x		х				0.	0.	0.
(4) LINDA JACOBS	1.00									
DIRECTOR		х						0.	0.	0.
(5) CHARLES BENJAMIN	40.00									
PRESIDENT & CEO		Х		Х				213,715.	0.	35,625.
(6) MONA ERAIBA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHARLES BIRD	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) ROBERT SOLOMON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CAROL B ASLANIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JEFFREY HABIB	1.00									
DIRECTOR		х						0.	0.	0.
(11) NINA BOGOSIAN QUIGLEY	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(12) RANA GILLMON	1.00								0	0
DIRECTOR (13) OSAMAH KHALIL	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(14) RANDA EL-SAYED HAFFAR	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) JOHN ASHBY	40.00									<b>.</b>
ASSISTANT TREASURER AND CFO				х				186,510.	0.	14,292.
(16) SIMONA CECI	40.00									
ASSISTANT SECRETARY		1			x			182,431.	0.	14,167.
(17) JOHN PALMUCCI	40.00							,		
CHIEF OF PARTY, AAMS		1				x		181,279.	0.	3,772.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	box	not cl , unles cer an	Posi heck i ss per	more rson i irecto	than o s both pr/trus	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s	am comj fre	(F) timate ount other pensa om the anizat	of tion e
		organizations below line)	In dividual trus	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former					l relat nizati	
	BRANDY WESTERMAN	40.00							110 462			1 (		2.0
<u></u>	F PROGRAM DEVELOPMENT						X		118,463.		0.		9,8	
	Sub-total								882,398.		0.		7,69	0.
d	Total (add lines 1b and 1c)								882,398.		0.	81	7,6	95.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	÷			5
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-				•			highest compensated er			3		х
4	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			v	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,										4	X	
	rendered to the organization? If "Yes." com											5		Х
Sec 1	tion B. Independent Contractors	moonootod inc		ndor			oto	n th	at received more than <sup>¢</sup>	100.000 of com		ion fro		
	Complete this table for your five highest co the organization. Report compensation for													
	(A) Name and business	address	N	ONE	2				<b>(B)</b> Description of s	ervices	С	(C omper	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	to	thos (	se lis )	ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·	F										Form	<b>990</b> (2	2018)

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		Check if Schedule O conta		500100	or noto to any lin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>9</u> 1	1 a	Federated campaigns		1a					
and Other Similar Amounts		Membership dues		1b					
Ê		Fundraising events		1c					
ΓA		Related organizations		1d					
nila		Government grants (contributi		1e	15,058,400.				
Si		All other contributions, gifts, grant							
her	•	similar amounts not included abov		1f	1,531,638.				
ð	a	Noncash contributions included in lines		· · · ·					
pue	-	Total. Add lines 1a-1f			,	16,590,038.			
					Business Code	, ,			
	2 a				Dusiness Odde				
	b								
ine	c								
Ver	d								
Revenue									
	e f	All other program service reve							
	<u>y</u> 3	Total. Add lines 2a-2f							
	5					177,016.			177,016
	4	other similar amounts)				177,010.			177,010
4		Income from investment of tax		•	-				
5	2	Royalties							
				Real	(ii) Personal				
6		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
7	7 a	Gross amount from sales of		urities	(ii) Other				
		assets other than inventory	1,34	7,631.					
	b	Less: cost or other basis							
		and sales expenses	<u> </u>	4,230.					
		Gain or (loss)		3,401.					
		Net gain or (loss)			· ►	23,401.			23,401
ع ا	3 a	Gross income from fundraising							
nué		including \$							
eve		contributions reported on line	1c). See						
г Г		Part IV, line 18		а					
Other Kevenue	b	Less: direct expenses		b					
5	с	Net income or (loss) from fund	Iraising e	events	►				
g	Эа	Gross income from gaming ac	tivities. S	See					
		Part IV, line 19		а					
	b	Less: direct expenses							
	с	Net income or (loss) from gam	ing activ	ities	►				
10	) a	Gross sales of inventory, less	returns						
		and allowances		a					
	b	Less: cost of goods sold							
		Net income or (loss) from sales			<b></b>				
		Miscellaneous Revenue			Business Code				
11	1 a	FORIEGN CURRENCY EXCHAN		N	900099	163,856.			163,856
		MISC. INCOME			900099	35,565.			35,565
	c								<u>,</u>
		All other revenue							
		Total. Add lines 11a-11d				199,421.			
4	2	Total revenue. See instructions				16,989,876.	0.	0.	399,838.
	_				💌		•••	۰.	Form <b>990</b> (2018

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е	All other expenses			
25	Total functional expenses. Add lines 1 through 24e	16,		
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 Figure if following SOP 98-2 (ASC 958-720)			

# NEAR EAST FOUNDATION 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).

Do not include	Check if Schedule O contains a respon amounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and	other assistance to domestic organizations tic governments. See Part IV, line 21			general enpeneee	
2 Grants and	d other assistance to domestic				
	s. See Part IV, line 22 d other assistance to foreign				
	ons, foreign governments, and foreign				
-	s. See Part IV, lines 15 and 16	2,279,709.	2,279,709.		
	baid to or for members	2/2/3//050			
	ation of current officers, directors,				
	and key employees	623,557.	570,991.	51,597.	969.
	tion not included above, to disqualified				
	s defined under section 4958(f)(1)) and				
	scribed in section 4958(c)(3)(B)				
	aries and wages	4,123,769.	3,776,422.	340,975.	6,372.
	an accruals and contributions (include		-	-	-
	I(k) and 403(b) employer contributions)	91,702.	83,905.	7,646.	151.
	oloyee benefits	1,043,116.	954,427.	86,975.	1,714.
	kes	134,006.	122,613.	11,173.	220.
	ervices (non-employees):				
	ent				
		40,942.	37,519.	3,411.	12.
	ng	178,022.	163,138.	14,834.	50.
	al fundraising services. See Part IV, line 17				
f Investmen	nt management fees	29,457.		29,457.	
g Other. (If I	ine 11g amount exceeds 10% of line 25,				
column (A)	amount, list line 11g expenses on Sch 0.)	454,075.	416,112.	37,835.	128.
12 Advertisin	g and promotion				
13 Office exp	enses	62,872.	57,615.	5,239.	18.
14 Informatio	n technology				
15 Royalties					
16 Occupand	су	449,092.	411,545.	37,420.	127.
<b>17</b> Travel		806,325.	790,494.	15,831.	
18 Payments	of travel or entertainment expenses				
,	deral, state, or local public officials $\dots$				
19 Conference	ces, conventions, and meetings				
20 Interest					
	to affiliates	104 000	104 000		
•	ion, depletion, and amortization	104,822.	104,822.		
23 Insurance					
above. (List 24e amoun	nses. Itemize expenses not covered t miscellaneous expenses in line 24e. If line t exceeds 10% of line 25, column (A) t line 24e expenses on Schedule 0.)				
	AM ACTIVITIES	4,080,805.	4,080,805.		
b SUB-A		1,645,503.	1,645,503.		
	OPERATING EXPENSE	199,027.	182,388.	16,584.	55.
d EQUIP	MENT EXPENSE	162,265.	162,199.	66.	
e All other e	expenses	2,302.	2,302.		
	ional expenses. Add lines 1 through 24e	16,511,368.	15,842,509.	659,043.	9,816.
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> (2018

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# NEAR EAST FOUNDATION

		Chack if Schodula A contains a response or not	o to any liv	oo in this Part V			
		Check if Schedule O contains a response or note	e to any ni		(A)		(B)
					(A) Beginning of year		( <b>D</b> ) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,328,470.	2	3,488,147.
	3	Pledges and grants receivable, net			635,811.	3	1,038,282.
	4				163,626.	4	147,724.
	5		Accounts receivable, net				
	Ŭ	trustees, key employees, and highest compensa					
			•	· ·		5	
	6	Part II of Schedule L Loans and other receivables from other disgualif				Ŭ	
		section 4958(f)(1)), persons described in section	•	· /			
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net		Г		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			79,121.	9	122,416.
		Land, buildings, and equipment: cost or other			- ,		,
		basis. Complete Part VI of Schedule D	10a	1,250,240.			
	b	Less: accumulated depreciation	10b	917,524.	270,573.	10c	332,716.
	11	Investments - publicly traded securities			5,658,476.	11	6,129,791.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		Г		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			9,136,077.	16	11,259,076.
	17	Accounts payable and accrued expenses			1,626,421.	17	1,846,837.
	18	Grants payable				18	
	19	Deferred revenue			1,340,730.	19	2,657,888.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to current and former	officers, c	lirectors, trustees,			
litie		key employees, highest compensated employee	s, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	17-24). C	omplete Part X of			
		Schedule D			0 0 0 0 1 5 1	25	
	26	Total liabilities. Add lines 17 through 25			2,967,151.	26	4,504,725.
		Organizations that follow SFAS 117 (ASC 958)		ere 🕨 🚺 and			
ses		complete lines 27 through 29, and lines 33 and			2 521 010		2 042 502
anc	27				<u>2,531,919.</u> 25,218.	27	2,843,503.
Bal	28	Temporarily restricted net assets			3,611,789.	28	3,910,848.
pu	29	Permanently restricted net assets			5,011,709.	29	5,510,040.
Ъ.			50 958), 0				
s or	20	and complete lines 30 through 34.				30	
set	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E		31 32	<u> </u>
Net	32 33			Г	6,168,926.	32 33	6,754,351.
_	33 34	Total net assets or fund balances			9,136,077.	33 34	11,259,076.
	34	Total liabilities and net assets/fund balances			2,120,077.	J4	

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Part X Balance Sheet

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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	16,989		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,511	L,30	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	478	3,50	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,168	3,92	26.
5	Net unrealized gains (losses) on investments	5	106	5,91	17.
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	6,754	1,3!	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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				1
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		<b>.</b>	1
_	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	Aame of the organization Employer identification number									
				EAST FOUN						3-1624114
Pa	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	orga	ani	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1			A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2			A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b> i	ii).		
4			A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 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 owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		_	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		_	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8			A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9			An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		_	university:							
10			An organization that norma							
			activities related to its exen		• •	. ,				•
			income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		_	See section 509(a)(2). (Co							
11		_	An organization organized	-		•				
12			An organization organized	-	-	-			•	
			more publicly supported or	-						Check the box in
	Г		lines 12a through 12d that				-		-	
а	L		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
			the supported organization			i majority c	of the direc	tors or truste	es of the su	ipporting
	Г		organization. You must o	-						
b	L		<b>Type II.</b> A supporting org	-				-		-
			control or management o			ame perso	ns that co	ntrol or manag	ge the supp	orted
	Г		organization(s). You mus	-						
с	L		Type III functionally inte						ly integrate	d with,
	Г		its supported organizatio							
d	L		Type III non-functionally						-	
			that is not functionally int	•		•		-	an attentiv	eness
	Г		requirement (see instruct		-					
е	L		Check this box if the orga					турет, туре	п, туре п	
	<b>C</b> ,	nto	functionally integrated, or							
			r the number of supported of the number of supported of the following information of the following information of the support of the number of the support o	•	d organization(s)					
g	FI		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
		•	organization	.,	(described on lines 1-10	Yes	ing document?	support (see ir	nstructions)	support (see instructions)
					above (see instructions))					
Tota	al									
			anarwork Reduction Act N		ustions for Form 000 o	000 57		Color		m 000 or 000 EZ) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

#### Schedule A (Form 990 or 990 EZ) 2018 NEAR EAST FOUNDATION

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7851939.	10778174.	14078200.	15887310.	15058400.	63654023.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7851939.	10778174.	14078200.	15887310.	15058400.	63654023.
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							63654023.
Sec	Public support. Subtract line 5 from line 4.						03034023.
		(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018 15058400.	(f) Total
	Amounts from line 4	7051959.	10//01/4.	14070200.	<u> </u>	<u> </u>	03034023.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	141 010	100 000	120 547	140 411		722 070
	and income from similar sources	141,816.	129,038.	138,54/.	148,411.	175,067.	732,879.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-73,413.	-18,212.	175,638.	-10,385.	199,421.	
11	Total support. Add lines 7 through 10						64659951.
	Gross receipts from related activities,					12	4,950.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)	
_	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.44 %
	5 Public support percentage from 2017 Schedule A, Part II, line 14 15 97.62 %						
<b>1</b> 6a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	-	• • • •		s
				,,, e, e, e, e,			or 990-F7) 2018

Scnedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 NEAR EAST FOUNDATION

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

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

Section A. Public Support		-				
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	-	-	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is</li> </ul>						
<ul><li>regularly carried on</li><li>12 Other income. Do not include gain or loss from the sale of capital</li></ul>						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is fo	r the organization?	l s first second thi	rd fourth or fifth +	ax year as a sootia	$\frac{1}{10000000000000000000000000000000000$	1 ation
	0			2	11 30 1(C)(3) 01 gamz	
Section C. Computation of Publi						
15 Public support percentage for 2018 (		-	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	018 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2017. If the	-	•				and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
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		1	5			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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.)

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Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directory tructory or membership of one or more supported ergenizations have the newer to		163	NU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 Part VI the role the organization's	-		
<b>6</b> 00	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9		0-EZ)	2018

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# Schedule A (Form 990 or 990-EZ) 2018 NEAR EAST FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section	on 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		
	on 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	1b		
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 <b>Part VI</b> ):			
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		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on 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		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	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 integrated	d Type III supporting orga	- nization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990 EZ) 2018 NEAR EAST FOUNDATION

Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)					
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in <b>Part VI</b> ). See instructions.	-						
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in <b>Part VI</b> ). See instructions.							
_3	Excess distributions carryover, if any, to 2018							
	From 2013							
	From 2014							
	From 2015							
	From 2016							
	From 2017							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
с	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018 NEAR	EAST	FOUND	ATION				13-1	62411	4 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	Provide the 4b, 4c, 5a, 3; Part IV,	e explanati 6, 9a, 9b, Section E,	ons required by 9c, 11a, 11b, a lines 1c, 2a, 2t	nd 11c; Part , 3a, and 3b	IV, Section ; Part V, lir	n B, lines 1 ne 1; Part V	17b; Par and 2; P /, Section	t III, line 12 art IV, Seci B, line 1e;	; tion C,
	(See instructions.)	-			-					
832028 10-11-1	8			20			Schedul	e A (Forr	n 990 or 99	90-EZ) 2018
40427	784124 NEA004001		2	018.0508	0 NEAR	EAST	FOUNE	DATIO	N	NEA00401

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

13-1624114

Organization type (cheo	ck one):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 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

NEAR EAST FOUNDATION

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

NEAR EAST FOUNDATION

13-1624114

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>500,574.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	Name, address, and ZIP + 4         Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

17140427 784124 NEA004001

NEA00401

Name of organization

# NEAR EAST FOUNDATION

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

	<b>FMV (or estimate)</b> (See instructions.)	(d) Date received
6,860 SHARES OF PUBLICLY TRADED STOCK		
	\$\$	08/22/18
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b)       (c)         FMV (or estimate)       (See instructions.)

### 17140427 784124 NEA004001

2018.05080 NEAR EAST FOUNDATION

Employer identification number

13-1624114

Page 4

ame of organiz	zation		Employer identification n	umbe			
EAR EAS	T FOUNDATION		13-1624114				
Part III Exercise fro	clusively religious, charitable, etc., contributi	) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for t				
a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
art I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
  54 11-08-18		24	Schedule B (Form 990, 990-EZ, or 990-F	PF) (2			

17140427 784124 NEA004001

SCHEDULE D	Suppleme
(Form 990)	Complete if th Part IV, line 6, 7, 8

# ental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

	mployer	identification	numbe
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Name	of the organization NEAR EAST FOUNDATION	)N		Employer identification number 13-1624114
Par			or Ac	
Fai				Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	0	) Funds and other accounts
4	Tatel number at and of year		,	
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Did the organization inform all donors and donor advisors in v	I writing that the assets held in donor advis	ed fund	e
5	are the organization's property, subject to the organization's	0		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
				ľ – –
Par				
1	Purpose(s) of conservation easements held by the organizatio		,	
	Preservation of land for public use (e.g., recreation or e		toricallv	important land area
	Protection of natural habitat	Preservation of a cer		-
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a con	servation 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			2b
с	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	isted in the National Register		[	2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	ement is located 🕨		
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatior	n easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion eas	ements during the year
	\$			
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's infancial statements that describes	the orga	inization's accounting for
Par	conservation easements. III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and	balance sheet works of art.
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ		•	
b	If the organization elected, as permitted under SFAS 116 (AS		and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:			<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under SFAS 1			
	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018

832051 10-29-18

25			
2018.05080	NEAR	EAST	FOUNDATION

		ST FOUNDATI					13-16			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Othe	r Simila	ar Assets	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t are a si	gnificant	use of its c	ollection	items	5
	(check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	ams					
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizatic	on's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	asures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Pa		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributior	ns or other ass	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amoun	t	
с	Beginning balance					. <b>1</b> c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. <b>1</b> f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or c	ustodial acco	unt liabil	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds.</b> Complete i							I _		
		(a) Current year	(b) Prior year	(c) Two year			years back			
1a	Beginning of year balance	3,637,007.	3,649,574		5,827.	3,	297,867.	3	,162, 100	
b	Contributions	500,677.	4,045	. 80	5,583.		663,408.		199,	603.
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities	25 210	16 610	201	0.026		175 440		61	140
	and programs	-25,218.	-16,612	-222	2,836.		175,448.		-04,	142.
	Administrative expenses	4,112,466.	2 627 007	2 640	0 574		705 007	2	207	067
g	End of year balance	· · · · · ·	3,637,007		9,574.	J,	785,827.	5	, 237,	867.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) neid as:						
a L	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c sho	%								
20	Are there endowment funds not in the posse	•	tion that are hold a	nd administor	od for th	o organi	zation			
Ja	by:	ssion of the organiza		ind administer		ie organi	Zation		Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of		t or other		ccumula	ited	(d) Boo	k valu	е
_		basis (investm		s (other)		preciatio				
<b>1</b> a	Land									
	Buildings									
	Leasehold improvements			41,317.		34,1			7,1	
	Equipment			42,698.		179,9			2,7	
	Other		96	56,225.		703,3	389.		2,8	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line	10c.)			🕨	33	2,7	16.
							Cohodula		- 000	0040

Schedule D (Form 990) 2018

17140427 784124 NEA004001

a) Description of security or category (including name of security)	(b) Book value	ine 11b. See Form 990, F (c) Method of va		of-year market value
Financial derivatives				,
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ art VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of Va	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
art IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ne 11d. See Form 990, F	Part X, line 15.	
Complete if the organization answered "Yes" o	on Form 990, Part IV, I Description	ine 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a)		ine 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [ (1)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [ (1) (2)		ine 11d. See Form 990, F	Part X, line 15.	<b>(b)</b> Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3)		ine 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		ine 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4) (5)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4) (5) (6)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)		ine 11d. See Form 990, F	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line	Description		Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o           (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           art X         Other Liabilities.	Description			(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" organization           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" organization of liability	Description			(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" or (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           art X           Other Liabilities.           Complete if the organization answered "Yes" or (a) Description of liability           (1)           Federal income taxes           (2)           (3)           (4)           (5)	Description	ne 11e or 11f. See Form		(b) Book value
Complete if the organization answered "Yes" or (a) D           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" or (a) Description of liability           (1)           Federal income taxes           (2)           (3)           (4)           (5)           (6)	Description	ne 11e or 11f. See Form		(b) Book value

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 NEAR EAST FOUNDATION			13-	1624114	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	16,903,	,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	106,917.			
b						
с	Recoveries of prior year grants					
d						
е	Add lines <b>2a</b> through <b>2d</b>			2e	106,	,917.
3	Subtract line 2e from line 1			3	16,796,	,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	29,457.			
b	Other (Describe in Part XIII.)	4b	163,856.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	16,989,	,876.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total expenses and losses per audited financial statements			1	16,481,	,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	_ 2a				
b						
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e		0.
3	Subtract line 2e from line 1			3	16,481,	,911.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	29,457.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c	29	,457.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 18.)			5	16,511,	,368.
	rt XIII Supplemental Information.					

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

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### FOREIGN CURRENCY EXCHANGE

163,856.

ROUNDING

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

# ROUNDING

832054 10-29-18

Schedule D (Form 990) 2018

17140427 784124 NEA004001

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	t information.		Inspection
Name of the organization					Employer ide	ntification number
NEAR EAST FOUND	ATION				13-1624	
		ctivities Out	side the United States. Compl	ete if the orgar	ization answere	d "Yes" on
Form 990, Part I <b>1 For grantmakers.</b> Does		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance	
-	e e		the selection criteria used to award the		·	Yes No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in (d) gram service, e specific type	(f) Total expenditures for and
	in the region	independent contractors in the region	recipients located in the region)		(s) in the region	investments in the region
				SUPPORT FOR	R FOOD,	
				SECURITY, F CLIMATE CHA	RESILIENCE TO ANGE, AND	
MALI	1		PROGRAM SERVICE	SUPPORT OF	POVERTY	2,660,865.
					SISHED SMALL	
				BUSINESSES		
MOROCCO	2		PROGRAM SERVICE		ED BUSINESSES	<u>439,523.</u>
				SUPPORT FOR		
				RESOURCE MA	ING, NATURAL	
SUDAN	3		PROGRAM SERVICE	FOOD SECURI		2,131,115.
JODAN	5		FROGRAM BERVICE	PROVIDE MAT		2,131,113.
					TARGETED TO	
				TRAINING, C		
JORDAN	1		PROGRAM SERVICE	, SUPPORT AND		1,412,765.
				PROVIDE MAT	PERIAL	
				ASSISTANCE	TARGETED TO	
				TRAINING, C	DUTREACH	
LEBANON	1		PROGRAM SERVICE	SUPPORT AND	MENTORING.	2,710,021.
				TO SUPPORT	AGRICULTURAI	
				DEVELOPMENI	AND CROSS	
WEST BANK	1		PROGRAM SERVICE	BORDER TRAI	INING	1,481,817.
				ADVANCING I		
	1		DROGRAM GERVIGE	THROUGH SUP		2 071 022
SYRIA	1		PROGRAM SERVICE	AGRICULTURE	MARKETS	2,971,833.
<b>3 a</b> Subtotal	10	0				13,807,939.
<b>b</b> Total from continuation						, ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						13,005,033
and 3h)	10	0				13 807 939.

Statement of Activities Outside the United States

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2018

OMB No. 1545-0047

2018

832071 10-31-18

SCHEDULE F (Form 990)

#### Schedule F (Form 990) 2018

NEAR EAST FOUNDATION

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					<u> </u>
by the IRS, or for whic Enter total number of			ion 501(c)(3) equivalency letter					

Schedule F (Form 990) 2018

# NEAR EAST FOUNDATION 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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

13-1624114

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

#### Part V | Supplemental Information

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

#### PART I, LINE 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, AND POVERTY REDUCTION.

**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.

17140427 784124 NEA004001

832075 10-31-18

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees		20	10	)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio	1		identificatio		mber
		NEAR EAST FOUNDATION	13-1	162411	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate 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 o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	JITIO			
	X Compensation					
		compensation consultant Compensation survey or study				
		ther organizations IX Approval by the board or compensation c	ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
						X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n <b>990</b> )	) 2018

832111 10-26-18

#### 13-1624114

Page **2** 

#### 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>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHARLES BENJAMIN	(i)	213,715.	0.	0.	17,500.	18,125.	249,340.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN ASHBY	(i)	186,510.	0.	0.	14,292.	0.	200,802.	0.
ASSISTANT TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SIMONA CECI	(i)	182,431.	0.	0.	14,167.	0.	196,598.	0.
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN PALMUCCI	(i)	181,279.	0.	0.	0.	3,772.	185,051.	0.
CHIEF OF PARTY, AAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

#### 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 J (Form 990) 2018

SCHEDULE L (Form 990 or 990-EZ)						Interested		26, 27,	28a.	0		1545-00	47
Department of the Treasury Internal Revenue Service			28b, or 28c, o ► Atta	or For Ich to	m 990 Form	-EZ, Part V, line 38a 990 or Form 990-EZ nstructions and the	or 40b. 2.		,		<b>ZU</b> pen T spect		blic
Name of the organization				T 0.17						r ident		on nu	mber
Part I Excess Be			FOUNDAT			ion 501(c)(4), and 50	1(c)(29) organizatio			241	14		
						art IV, line 25a or 25b				)b.			
1			Relationship bet	ween o	disqual	lified					(d)	Corre	ected?
(a) Name of disqualifie	ed person		person and or	ganiza	ation	(0	c) Description of tra	Insactio	on	Yes No			No
											+	$\rightarrow$	
											-	-	
2 Enter the amount of ta section 4958			0	Ũ		qualified persons dur	0		► \$				
3 Enter the amount of ta									<b>&gt;</b> \$				
						-							
			erested Pers										
	-		/ered "Yes" on F , Part X, line 5, 6			, Part V, line 38a or F	orm 990, Part IV, li	ne 26;	or if th	ie orga	nizatio	n	
(a) Name of	(b) Relation		(c) Purpose	(d) La	oan to or	(e) Original	(f) Balance due	(g	) In	<b>(h)</b> Ap	proved	(i) V	Vritten
interested person	with organiz	zation of loan		from the organization?		principal amount			default?		by board or agreen		ement?
				То	From			Yes	No	Yes	No	Yes	No
								_					┼──
													<u> </u>
													+
Total				·		<b>&gt;</b> \$							-
			efiting Inter										
Complete if th (a) Name of intereste			vered "Yes" on F				(d) Turo	o of			1 Dure		
(a) Name of Intereste	ed person		b) Relationship interested pers the organiza	son an		(c) Amount of assistance	<b>(d)</b> Typ assista			•	) Purp assista		T
		_											
		-							-+				
		<u> </u>											0.0040

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

## Part IV Business Transactions Involving Interested Persons.

Schedule L (Form 990 or 990-EZ) 2018 NEAR EAST FOUNDATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		ship between and the organ			(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
							Yes	No
JENNIFER ABDELLA	FAMILY	MEMBER	OF	$\mathbf{TH}$	88,691.	JENNIFER AB		X
LAUREN ASHBY	FAMILY	MEMBER	OF	TH	3,128.	LAUREN ASHB		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JENNIFER ABDELLA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF THE ORGANIZATION'S PRESIDENT

(D) DESCRIPTION OF TRANSACTION: JENNIFER ABDELLA IS A FAMILY MEMBER OF

THE PRESIDENT AND IS ALSO EMPLOYED BY THE ORGANIZATION AS THE SENIOR

PRACTICE AREA LEAD - ENVIRONMENTAL & NATURAL RESOURCES.

(A) NAME OF PERSON: LAUREN ASHBY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF THE ORGANIZATIONS ASSISTANT TREASURER AND CFO

(D) DESCRIPTION OF TRANSACTION: LAUREN ASHBY IS A FAMILY MEMBER OF THE

ASSISTANT TREASURER AND CFO AND SERVED AS A SUMMER PROGRAM INTERN.

Schedule L (Form 990 or 990-EZ) 2018

NEA00401

832132 10-25-18

38 2018.05080 NEAR EAST FOUNDATION

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2018
Open to Public
Inspection

E A O M	

Employer identification number
13-1624114

	•
	13-16241

	NEAR EAST FO	13	13-1624114					
Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont		•	S
1	Art - Works of art							
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	7,065	513,304.	FAIR MARKI	ET VAJ	LUE	
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 $\dots$							
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							
25	Other ► ( )							
26	Other ► ()							
27	Other ► ( )							
28	Other ► ( )							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement				
							Yes	No
30a	During the year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period	-				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?		-	··· ·		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

Part II		Suppler	nental	Information	ation. P	Provide the information
Schedule	M	(Form 990)	2018	NEAR	EAST	FOUNDATION

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2018 832142 10-18-18 40

NEA00401

2018.05080 NEAR EAST FOUNDATION

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

NEAR EAST FOUNDATION

Inspection Employer identification number 13-1624114

/

OMB No. 1545-0047

Open to Public

18

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

MIDDLE EAST AND AFRICA THROUGH EDUCATION, COMMUNITY ORGANIZATION, AND

ECONOMIC DEVELOPMENT.

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

MALI, MOROCCO, JORDAN, EGYPT,

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 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, OFFICERS, & OTHER KEY

EMPLOYEES) CONSISTS OF A REVIEW CONDUCTED BY THE ADMINISTRATIVE COMMITTEE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

41

Name of the organization NEAR EAST FOUNDA?	TION	Employer identification number 13-1624114
		·
OF THE BOARD AND REPORTED TO TH	HE EXECUTIVE OF THE BOARD.	LEGAL COUNSEL IS
CONSULTED REGARDING TERMS AND C	CONDITIONS. RECRUITING AG	SENTS MAY ALSO BE
CONSULTED TO DETERMINE APPOPRIA	ATE SALARIES. COMPARABILI	TY MEASURES INCLUDE
990'S FOR COMPARABLE ORGANIZATI	ONS, RECRUITERS, AND ALSO	) SURVEYS ON
NOT-FOR-PROFIT PAY PUBLISHED BY	HUMENTUM	
	THE 10	
FORM 990, PART VI, SECTION C, I		
THE ORGANIZATION MAKES ITS GOVE	ERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENT	S AVAILABLE UPON REQUEST.	
832212 10-10-18	S	chedule O (Form 990 or 990-EZ) (2018
40427 784124 NEA004001	42 2018.05080 NEAR EAST	FOUNDATION NEA0(

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-1624114

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### NEAR EAST FOUNDATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> 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	1,801,418.	2,881,991.	NEAR EAST FOUNDATION

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 NEAR EAST FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
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	Share of total income	Share of end-of-year assets	Dispropor allocatio	itions?	amount in box	mana partr	er? 0\	ercentage wnership
		country)		sections 512-514)				No	K-1 (Form 1065)	Yes No		
	-											
											_	
	-											
	-											
	1											
	1											
	4											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

#### Schedule R (Form 990) 2018 NEAR EAST FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a				
	Gift, grant, or capital contribution to related organization(s)	1b				
	Gift, grant, or capital contribution from related organization(s)	1c				
	Loans or loan guarantees to or for related organization(s)	1d				
	Loans or loan guarantees by related organization(s)	1e				
f	Dividends from related organization(s)	1f				
g	Sale of assets to related organization(s)	1g				
h	Purchase of assets from related organization(s)	1h				
i	Exchange of assets with related organization(s)	1i				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n				
o	Sharing of paid employees with related organization(s)	10				
р	Reimbursement paid to related organization(s) for expenses	1p				
q	Reimbursement paid by related organization(s) for expenses	1q				
r	Other transfer of cash or property to related organization(s)	1r				
s	Other transfer of cash or property from related organization(s)	1s				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

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

#### Schedule R (Form 990) 2018 NEAR EAST FOUNDATION

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: <b>Yes</b>	e) all 's sec. c)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	ll or Pe ing er? Ov	<b>(k)</b> ercentage wnership

Schedule R (Form 990) 2018

## NEAR EAST FOUNDATION

Part VII Supplemental Information.

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

Schedule R (Form 990) 2018

832165 10-02-18

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

		Enter filer's identifying number							
Type or	Name of exempt organization or other filer, see instruct	Employer identification number (EI							
print									
File by the	NEAR EAST FOUNDATION	13-1624114							
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 110 WEST FAYETTE STREET, NO			Social se	curity numb	er (SSN)			
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13202									
Enter the	Enter the Return Code for the return that this application is for (file a separate application for each return)								
Applicatio	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)			09			
Form 990	PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	T (trust other than above) JOHN ASHBY	06	Form 8870			12			
<ul> <li>If this is</li> <li>box ▶ [</li> <li>1 I read</li> <li>the</li> <li>▶ [</li> </ul>	Image: starting	Group Exe and atta MAX anization's , an	mption Number (GEN) ch a list with the names and EINs of $\underline{X \ 15, \ 2020}$ , to file return for: d ending JUN 30, 2019	If this is fo all membe	r the whole g ers the exter npt organizat	group, check this			
3a       If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less         any nonrefundable credits. See instructions.       3a									
	mated tax payments made. Include any prior year overpa	•		3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa								
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	453-EO an		9-EO for payment 3868 (Rev. 1-2019)			