

**EXTENSION ATTACHED**

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

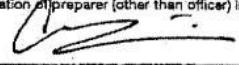
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>NEAR EAST FOUNDATION</b> Doing Business As		<b>D</b> Employer identification number <b>13-1624114</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>11 EAST 61ST STREET</b>		<b>E</b> Telephone number <b>212-710-5588</b>
		City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10065</b>		<b>G</b> Gross receipts \$ <b>4,780,584.</b>
		<b>F</b> Name and address of principal officer: <b>CHARLES BENJAMIN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.NEFDEV.ORG</b>				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1930</b> <b>M</b> State of legal domicile: <b>NY</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE NEAR EAST FOUNDATION ORGANIZES HIGHLY VULNERABLE COMMUNITIES IN THE MIDDLE EAST &amp; AFRICA</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>20</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>19</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b> <b>9</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>6,230,366.</b> Current Year: <b>4,058,708.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>228,285.</b> <b>260,589.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>22,648.</b> <b>-22,130.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>85,141.</b> <b>2,177.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,566,440.</b> <b>4,299,344.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,731,542.</b> <b>814,172.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,712,236.</b> <b>1,849,117.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>265,598.</b>	
<b>Net Assets or Fund Balances</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,056,414.</b> <b>2,702,331.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,500,192.</b> <b>5,365,620.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,066,248.</b> <b>-1,066,276.</b>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year: <b>3,554,258.</b> End of Year: <b>2,414,236.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>534,140.</b> <b>671,000.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,020,118.</b> <b>1,743,236.</b>	

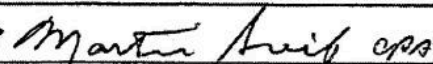
**Part II Signature Block**

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

Sign Here ▶  Date **5/17/10**

Signature of officer  
**CHARLES BENJAMIN, PRESIDENT**  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ 	Date <b>5/17/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00029738</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>RSM MCGLADREY, INC.</b> <b>1185 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NY 10036-2602</b>	EIN ▶ <b>41-1944416</b>	Phone no. ▶ <b>212-372-1000</b>	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION NEF ASSISTS ITS LOCAL PARTNERS TO PARTICIPATE MORE FULLY IN THE DEVELOPMENT OF THEIR COUNTRIES - TO BUILD THE LIVES THEY ENVISION FOR THEMSELVES. NEF SUPPORTS THESE GROUPS AT THREE LEVELS: INCREASING ACCESS TO KNOWLEDGE NECESSARY TO PARTICIPATE FULLY IN CIVIC AND

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,112,700. including grants of \$ 125,338. ) (Revenue \$ 169,374. ) PROGRAMS TARGETED ON NATURAL RESOURCE MANAGEMENT (NRM) AND ADAPTIVE AGRICULTURE TO IMPROVE SUSTAINABILITY, OUTPUT AND PROVIDE ECONOMIC DEVELOPMENT TO RURAL COMMUNITIES. THESE PROGRAMS INCLUDE: 1) A PILOT AGRICULTURE EXTENSION IN EGYPT WHERE 2500 FARMING FAMILIES RESETTLED FROM THE NILE FLOODPLAIN TO THE SOUTHWESTERN DESERT LEARN TO ADAPT FARMING TECHNIQUES AND CROPS. 2) ADAPTIVE TECHNIQUES AND NRM AFFECTING APPROX 50,000 PEOPLE IN RESPONSE TO CHANGES IN RAINFALL, TEMPERATURE AND RIVERFLOW IN THE NIGER RIVER PLAINS OF MALI.

4b (Code: ) (Expenses \$ 468,594. including grants of \$ 12,478. ) (Revenue \$ ) PROGRAMS TARGETED AT MARGINALIZED URBAN COMMUNITIES TO STRENGTHEN BOTH CIVIC INVOLVEMENT AND TO PROVIDE ECONOMIC OPPORTUNITIES. THESE PROGRAMS INCLUDE: 1) A YOUTH DEVELOPMENT PROGRAM IN THE PERI-URBAN SLUMS OF CASABLANCA TRAINING YOUNG PEOPLE AND SUPPORTING YOUTH GROUPS. 2) A PROJECT WORKING IN 6 OF THE POOREST REGIONS OF JORDAN TRAINING LOCAL COMMUNITY ASSOCIATIONS IN ORGANIZATION AND BUSINESS DEVELOPMENT.

4c (Code: ) (Expenses \$ 1,107,597. including grants of \$ 67,114. ) (Revenue \$ 3,190. ) PROGRAMS FOCUSED ON IMPROVING EDUCATION ESPECIALLY FOR WOMEN BOTH FORMALLY AND INFORMALLY. THESE PROGRAMS INCLUDE: 1) A PROGRAM IN SOUTHERN MOROCCO TO INCREASE GIRLS' PRIMARY SCHOOL ATTENDANCE (INCREASED FROM 50% TO 98%) AND COMPLETION RATES FOR ALL CHILDREN (FROM 10% TO 95%). 2) PROGRAMS IN EGYPT ON YOUNG WOMEN'S LEADERSHIP AND VULNERABLE 12-18 YEARS ON REPRODUCTIVE HEALTH.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,787,008. including grants of \$ 609,242. ) (Revenue \$ 88,025. )

4e Total program service expenses \$ 4,475,899. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 8		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 9		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body .....		20
b	Enter the number of voting members that are independent .....		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
6	Does the organization have members or stockholders? .....		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	X	
9a	Does the organization have local chapters, branches, or affiliates? .....	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
13	Does the organization have a written whistleblower policy? .....	X	
14	Does the organization have a written document retention and destruction policy? .....	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? .....	X	
b	Other officers or key employees of the organization? .....	X	
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LUCY BERKOWITZ - 212-710-5588**  
**11 EAST 61ST STREET, NEW YORK, NY 10065**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHAHNAZ BATMANGHELIDJ VICE CHAIR	1.00	X					0.	0.	0.	
CHARLES BENJAMIN PRESIDENT (FROM 1/10)	1.00	X					0.	0.	0.	
DAVID DODGE (DEC'D 1/09) DIRECTOR	1.00	X					0.	0.	0.	
DR.AMIR ALI FARMAN-FARMA DIRECTOR	1.00	X					0.	0.	0.	
JOHN GOELET DIRECTOR	1.00	X					0.	0.	0.	
JOHN GRAMMER DIRECTOR	1.00	X					0.	0.	0.	
DR. JOHN M. KERR DIRECTOR	1.00	X					0.	0.	0.	
HAIG MARDIKIAN SECRETARY	1.00	X		X			0.	0.	0.	
SHANT MARDIROSSIAN CHAIRMAN	1.00	X		X			0.	0.	0.	
RONALD MILLER TREASURER	1.00	X		X			0.	0.	0.	
DAVID W. MIZE DIRECTOR	1.00	X					0.	0.	0.	
JOHNSON GARRETT DIRECTOR	1.00	X					0.	0.	0.	
TIMOTHY ROTHERMEL DIRECTOR	1.00	X					0.	0.	0.	
ABE MOSES DIRECTOR	1.00	X					0.	0.	0.	
TOM MULLINS DIRECTOR	1.00	X					0.	0.	0.	
RICHARD ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
MICHAELA WALSH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
TAREK YOUNES DIRECTOR	1.00	X					0.	0.	0.	
ALEXANDER PAPACHRISTOU PRESIDENT (THRU 2/10)	40.00	X		X			175,000.	0.	24,111.	
LUCY BERKOWITZ VP FINANCE (FROM 3/09)	40.00			X			0.	0.	0.	
PETER TYNDALE VP FINANCE (6/08-11/08)	40.00			X			55,125.	0.	7,717.	
<b>1b Total</b> .....							<b>230,125.</b>	<b>0.</b>	<b>31,828.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ..... **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ..... **0**



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	5,950.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	894,790.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	315,796.8.				
	g	Noncash contributions included in lines 1a-1f: \$		132,403.				
	h	<b>Total.</b> Add lines 1a-1f		4,058,708.				
Program Service Revenue	2 a	PROGRAM FEES	Business Code	900099	260,589.	260,589.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			260,589.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			15,351.		15,351.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 5,950. of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b	6,500.			
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISC. INCOME		900099	3,655.			3,655.	
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			3,655.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4,299,344.	260,589.	0.	-19,953.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	814,172.	814,172.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	287,384.	204,422.	47,590.	35,372.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,236,018.	879,204.	204,678.	152,136.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	112,374.	73,212.	28,128.	11,034.
9 Other employee benefits .....	165,334.	107,715.	41,384.	16,235.
10 Payroll taxes .....	48,007.	31,276.	12,017.	4,714.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	6,673.		6,673.	
c Accounting .....	104,445.		104,445.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	1,153,620.	1,035,778.	105,258.	12,584.
12 Advertising and promotion .....	13,435.	13,285.		150.
13 Office expenses .....	157,986.	144,883.	7,303.	5,800.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	194,759.	129,231.	43,822.	21,706.
17 Travel .....	156,468.	137,258.	14,704.	4,506.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	3,135.	3,100.	35.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	34,980.	34,980.		
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRAINING & TECH ASS'T	590,056.	590,056.		
b EQUIPMENT	157,715.	153,590.	2,936.	1,189.
c MISCELLANEOUS	101,490.	96,168.	5,150.	172.
d AGRICULTURAL EXPENSES	12,569.	12,569.		
e CONSTRUCTION	9,237.	9,237.		
f All other expenses	5,763.	5,763.		
25 Total functional expenses. Add lines 1 through 24f	5,365,620.	4,475,899.	624,123.	265,598.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	1,637,291.	2 969,423.
	3	Pledges and grants receivable, net .....	917,020.	3 606,102.
	4	Accounts receivable, net .....	179,957.	4 169,391.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	24,023.	9 15,890.
	10a	Land, buildings, and equipment: cost basis ...	10a 667,320.	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 572,747.	10c 94,573.
	11	Investments - publicly traded securities .....	531,291.	11
	12	Investments - other securities. See Part IV, line 11 .....	5,046.	12 480,935.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	122,756.	15 77,922.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,554,258.	16 2,414,236.	
Liabilities	17	Accounts payable and accrued expenses .....	363,873.	17 531,667.
	18	Grants payable .....		18
	19	Deferred revenue .....	170,267.	19 139,333.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow account liability. Complete Part IV of Schedule D .....		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable .....		24
	25	Other liabilities. Complete Part X of Schedule D .....		25
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	534,140.	26 671,000.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	1,304,723.	27 686,653.
	28	Temporarily restricted net assets .....	1,480,010.	28 721,198.
	29	Permanently restricted net assets .....	235,385.	29 335,385.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	3,020,118.	33 1,743,236.	
34	<b>Total liabilities and net assets/fund balances</b> .....	3,554,258.	34 2,414,236.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? .....	3b	X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? ..... <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... <b>11g(iii)</b>		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5831198.	5276346.	3482037.	6230366.	4058708.	24878655.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5831198.	5276346.	3482037.	6230366.	4058708.	24878655.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5673147.
6 Public Support. Subtract line 5 from line 4.						19205508.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5831198.	5276346.	3482037.	6230366.	4058708.	24878655.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,580.	13,786.	19,122.	22,648.	15,351.	159,487.
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 IV.)	31,521.	16,659.	39,965.	40,593.	3,655.	132,393.
11 Total support. Add lines 7 through 10						25170535.
12 Gross receipts from related activities, etc. (see instructions)					12	1,680,484.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	76.30 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.49 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> 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 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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

MISCELLANEOUS INCOME

CONFERENCES INCOME

Multiple horizontal lines for providing supplemental information.

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

NEAR EAST FOUNDATION

Employer identification number

13-1624114

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Table with 1 column: Held at the End of the Year. Rows: 2a, 2b, 2c, 2d

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	235,385.				
b Contributions	100,000.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	335,385.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b  |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		638,944.	544,371.	94,573.
e Other		28,376.	28,376.	0.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				94,573.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other		
<b>CASH HELD FOR INVESTMENTS</b>	<b>480,935.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	<b>480,935.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,299,344.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,365,620.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,066,276.
4	Net unrealized gains (losses) on investments	4	-63,075.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-147,531.
9	Total adjustments (net). Add lines 4-8	9	-210,606.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,276,882.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,348,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-63,075.
b	Donated services and use of facilities	2b	112,729.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	49,654.
3	Subtract line 2e from line 1	3	4,299,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,299,344.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,625,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	112,729.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	147,531.
e	Add lines 2a through 2d	2e	260,260.
3	Subtract line 2e from line 1	3	5,365,620.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,365,620.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF**

**INVESTMENTS TO BE HELD IN PERPETUITY IN FUNDS AND CHARITABLE TRUSTS FOR THE PURPOSE OF GENERATING INCOME FOR THE GENERAL PURPOSE OF NEF.**

**PART X: THE FOUNDATION HAS ELECTED TO DEFER THE APPLICATION OF**

**ASC 740-10. THE FOUNDATION WILL BE REQUIRED TO ADOPT ASC 740-10 IN ITS**

**2010 ANNUAL FINANCIAL STATEMENTS. THE PROVISIONS OF ASC 740-10 ARE TO BE**

**APPLIED TO ALL TAX POSITIONS UPON INITIAL APPLICATION FOR THIS STANDARD.**

**Part XIV** Supplemental Information (continued)

ONLY TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION. THE CUMULATIVE EFFECT OF APPLYING THE PROVISIONS OF ASC 740-10 WILL BE REPORTED AS AN ADJUSTMENT TO THE OPENING BALANCE OF NET ASSETS FOR THE FISCAL YEAR OF ADOPTION. MANAGEMENT IS CURRENTLY ASSESSING THE IMPACT OF ASC 740-10 ON ITS FINANCIAL POSITION AND CHANGE IN ITS NET ASSETS AND HAS NOT DETERMINED WHETHER THE ADOPTION OF ASC 740-10 WILL HAVE A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL POSITION AND RESULTS OF OPERATIONS.

THE FOUNDATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS BY APPLYING FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES, NOW REFERRED TO AS ASC TOPIC 450. THE FOUNDATION EVALUATES EVENTS OCCURRING AFTER THE DATE OF THE FINANCIAL STATEMENTS TO CONSIDER WHETHER OR NOT THE IMPACT OF SUCH EVENTS NEEDS TO BE REFLECTED OR DISCLOSED IN THE FINANCIAL STATEMENTS. SUCH EVALUATION IS PERFORMED THROUGH THE DATE THE FINANCIAL STATEMENTS ARE AVAILABLE FOR ISSUANCE, WHICH WAS MARCH 30, 2010 FOR THESE FINANCIAL STATEMENTS.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE GAIN: -140210.

GAIN ON DISPOSAL OF FIXED ASSETS: -7321.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS: 140210.

LOSS ON DISPOSAL OF FIXED ASSETS: 7321.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MIDDLE EAST AND NORTH AFRICA	6	40	PROGRAM SERVICES / GRANTS	SOCIAL / ECONOMIC DEVELOPMENT	3,563,763.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	SOCIAL / ECONOMIC DEVELOPMENT	27,731.
SUB-SAHARAN AFRICA	3	43	PROGRAM SERVICES	SOCIAL / ECONOMIC DEVELOPMENT	884,405.
<b>Totals</b> .....	9	83			4,475,899.

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

Schedule F (Form 990) 2008

**NEAR EAST FOUNDATION**

Schedule F (Form 990) 2008

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	SCHOOL WATER	9,378	CHECKS	0		
			MIDDLE EAST AND NORTH AFRICA	TRAINING WORKSHOPS	7,000	TRANSFER	0		
			MIDDLE EAST AND NORTH AFRICA	WORKSHOP ON ENVIRONMENT & HEALTH	57,838	TRANSFER	0		
			MIDDLE EAST AND NORTH AFRICA	MAINTAIN COPEH MENA WEBSITE/ RESEARCH ON WATER IN ARAB WORLD	60,500	WIRE TRANSFER	0		
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	16,391	CHECKS	0		
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	33,381	CHECKS	0		
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	45,505	CHECKS	0		
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	30,490	CHECKS	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **29**

3 Enter total number of other organizations or entities **7**

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

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: GRANTS ARE AWARDED ONLY IF THEY ARE AN INTEGRAL PART OF ACHIEVING THE PROGRAM'S PURPOSE. SPECIFIC CRITERIA FOR DETERMINING ELIGIBILITY AND AWARDED GRANTS ARE SET ON AN INDIVIDUAL PROJECT BASIS. LOCAL NEF PROJECT MANAGEMENT WILL EVALUATE AND MONITOR EACH GRANTEE. GRANTS ARE DISBURSED AS EFFICIENTLY AS POSSIBLE - IF APPROPRIATE NEF WILL PAY THE SUPPLIER FOR GOODS TO BE DISTRIBUTED.

Multiple horizontal lines for supplemental information.



13-1624114

NEAR EAST FOUNDATION

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	27,384	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	FURNITURE, EQUIPMENT, BLANKETS, FOOD ETC	28,986	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	WATER COOLERS FOR SCHOOLS ETC	5,593	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	METAL AWNINGS FOR SCHOOLS	6,673	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500	CHECKS	0.		

NEAR EAST FOUNDATION

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	6,500.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	KGS RENOVATION	26,558.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	EMERGENCY APPEAL / WOOD FOR STOVE	45,533.	CHECKS	0.		
			MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	12,686.	CHECKS/ TBANK LETTERS	0.		
			MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	9,813.	CHECKS/ TBANK LETTERS	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	20,755	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	11,668	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	17,775	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	11,877	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	12,616	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	20,820	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP WOMEN WAGES	9,986	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP EXTRA FOOD ITEM	63,129	CHECKS/ TBANK LETTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	SFP EXTRA FOOD ITEM	59,301	CHECK/ TRANSFERS	0.		

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		MIDDLE EAST AND NORTH AFRICA	VARIOUS	97,536	VARIOUS	0.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
(i) ALEXANDER PAPACHRISTOU	175,000.	0.	0.	17,500.	6,611.	199,111.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

Part III Supplemental Information

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

PART I, LINE 5: THE PRESIDENT WAS ENTITLED TO A BONUS PAYMENT BASED ON THE ACHIEVEMENT OF CERTAIN FUNDRAISING GOALS. THE BONUS AMOUNTED TO \$17,625, WHICH WAS ACCRUED AS OF 06/30/09.

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

**2008**

Open to Public  
Inspection

▶ Attach to Form 990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution (historic structures) .....				
14	Qualified conservation contribution (other) ...				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <u>DONATED MATER</u> )	X	11	132,403	FMV WHEN DONATED
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

832141  
03-11-09



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE M, PART I, COLUMN (B): NUMBER REPRESENTS TOTAL NUMBER OF CONTRIBUTORS WHO DONATED THE GOODS.**

Multiple horizontal lines for data entry.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NEAR EAST FOUNDATION

Employer identification number

13-1624114

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

TO ACHIEVE SOCIAL WELL-BEING, ECONOMIC SECURITY AND GOOD GOVERNANCE.

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

ECONOMIC LIFE THROUGH EDUCATION, JOB TRAINING, AND LITERACY PROGRAMS;

HELPING AMPLIFY THEIR COLLECTIVE VOICE THROUGH COMMUNITY ORGANIZING AND

INSTITUTIONAL STRENGTHENING INITIATIVES; AND CREATING ECONOMIC

OPPORTUNITIES THROUGH ENTERPRISE DEVELOPMENT, MICRO-CREDIT AND IMPROVED

AGRICULTURAL AND NATURAL RESOURCE MANAGEMENT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PROGRAMS TARGETED AT MARGINALIZED URBAN COMMUNITIES TO STRENGTHEN BOTH

CIVIC INVOLVEMENT AND TO PROVIDE ECONOMIC OPPORTUNITIES.

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

PROGRAMS TARGETED AT REFUGEES, INTERNALLY DISPLACED PERSONS AND THOSE

AFFECTED BY CONFLICT BRIDGING THE RELIEF TO DEVELOPMENT TRANSITION.

THESE PROGRAMS INCLUDE: 1) PROGRAMS PROVIDING SOCIAL SERVICES AND

PSYCHO-SOCIAL COUNSELING AS WELL AS TRAINING FOR ALTERNATIVE

LIVELIHOODS FOR IRAQI REFUGEES IN JORDAN AND SYRIA AND THEIR HOST

COMMUNITIES - AFFECTING APPROXIMATELY 10,000 PEOPLE OF WHOM >60% WERE

REFUGEES. 2) A NUTRITIONAL PROGRAM FOR PALESTINIAN SCHOOLCHILDREN WHERE

APPROXIMATELY 2000 WOMEN PRODUCE ENRICHED SNACKS FROM WORLD FOOD

PROGRAM COMMODITIES FOR APPROXIMATELY 54,000 CHILDREN. 3) A CLINIC IN

SUDAN PROVIDING THE SOLE SOURCE OF HEALTHCARE FOR A REFUGEE COMMUNITY

OF 40,000.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NEAR EAST FOUNDATION

Employer identification number

13-1624114

EXPENSES \$ 1787008. INCLUDING GRANTS OF \$ 609242. REVENUE \$ 88025.

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

EGYPT, JORDAN, MALI, MOROCCO,

WEST BANK, SUDAN

FORM 990, PART VI, SECTION A, LINE 2: JOHNSON GARRETT, DIRECTOR & DAVID

DODGE, DIRECTOR - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 10: 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 FORM 990 TO THE FULL NEF BOARD AND SUBMIT THE APPROVED FORM TO THE IRS IN 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 A 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

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NEAR EAST FOUNDATION

Employer identification number

13-1624114

REVIEW CONDUCTED BY THE ADMINISTRATIVE COMMITTEE OF THE BOARD AND REPORTED TO THE EXECUTIVE COMMITTEE OF THE BOARD. LEGAL COUNSEL IS CONSULTED REGARDING TERMS AND CONDITIONS. RECRUITING AGENTS MAY ALSO BE CONSULTED TO DETERMINE APPROPRIATE SALARIES. COMPARABILITY MEASURES INCLUDE 990'S FOR COMPARABLE ORGANIZATIONS, RECRUITERS AND ALSO SURVEYS ON NOT FOR PROFIT PAY PUBLISHED BY CHRONICLE OF PHILANTHROPY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organization  
**NEAR EAST FOUNDATION**

Employer identification number  
**13-1624114**

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NEEDEV LLC - 20-4608646 90 BROAD STREET, 15TH FLOOR NEW YORK, NY 10004	INACTIVE	NEW YORK	0.	0.	NEAR EAST FOUNDATION

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

**Part III** Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions With Related Organizations**

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership**

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) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V/UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No



Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	<b>FURNITURE &amp; FIXTURES</b>							
3	<b>FURNITURE &amp; FIXTURES</b>							
	VARIABLE	SSL	.000	16	28,376.		28,376.	0.
	<b>* 990 PAGE 10 TOTAL FURNITURE &amp; FIXTURES</b>							
					28,376.	0.	28,376.	0.
	<b>MACHINERY &amp; EQUIPMENT</b>							
2	<b>OFFICE EQUIPMENT</b>							
	VARIABLE	SSL	.000	16	135,385.		134,451.	266.
	<b>* 990 PAGE 10 TOTAL MACHINERY &amp; EQUIPMENT</b>							
					135,385.	0.	134,451.	266.
	<b>TRANSPORTATION EQUIPMENT</b>							
1	<b>VEHICLES</b>							
	VARIABLE	SSL	.000	16	503,559.		409,920.	34,714.
	<b>* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT</b>							
					503,559.	0.	409,920.	34,714.
	<b>* GRAND TOTAL 990 PAGE 10 DEPR</b>							
					667,320.	0.	572,747.	34,980.

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

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

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>NEAR EAST FOUNDATION</b>	Employer identification number <b>13-1624114</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>90 BROAD STREET, 15TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10004</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**EARL STANDARD**

- The books are in the care of ▶ **90 BROAD STREET, 15TH FLOOR - NEW YORK, NY 10004**  
 Telephone No. ▶ **(212) 425-2205** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number
	NEAR EAST FOUNDATION		13-1624114
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	90 BROAD STREET, 15TH FLOOR		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10004		

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**LUCY BERKOWITZ**

- The books are in the care of **90 BROAD STREET, 15TH FLOOR - NEW YORK, NY 10004**  
 Telephone No. **(212) 425-2205** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 17, 2010**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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

Signature  Title  Date