(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

| File a separate application for each return.

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

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

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

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

Туре о	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN)						
print	NEAR EAST FOUNDATION		13-1624114					
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, see 110 WEST FAYETTE STREET, 71	ee instructio	ons.					
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13202								
Enter th	ne Return Code for the return that this application is for (file	a separat	e application for each return) ••••		•••••	0 1		
Applica	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
 If th If thi box I 1 I tt 2 If 	phone No. 315-428-8670 e organization does not have an office or place of bus s is for a Group Return, enter the organization's four digit of . If it is for part of the group, check this box request an automatic 6-month extension of time until	Group Exe and attac MAN anization's , an neck reaso	imption Number (GEN) If ich a list with the names and TINs of ite	f this is fo all membe the exer	r the whole gr ers the extens npt organizatio	oup, check this ion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions.	enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overpa	· ·		3b	\$	0.		
c E	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
U	sing EFTPS (Electronic Federal Tax Payment System). Se	ee instruct	ions	3c	\$	0.		
Caution instruct	: If you are going to make an electronic funds withdrawal (ions.	direct debi	t) with this Form 8868, see Form 84	53-TE and	l Form 8879-1	E for payment		
ιнΔ	For Privacy Act and Paperwork Reduction Act Notice		ctions		Form 88	368 (Rev. 1-2022)		

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

Form 8868 (Rev. 1-2022)

223841 04-01-22

Form 99	90
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Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A</u> F	or the 20	022 calendar year. or tax year beginning JUL 1, 2022 and	ending J	UN 30, 2023						
	heck if pplicable:	C Name of organization		D Employer identific	cation number					
Address NEAR EAST FOUNDATION										
Name change Doing business as 13-1624114										
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin 110 WEST FAYETTE STREET 710 315-428-8670										
City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 21,022,039 Amended return return SYRACUSE, NY 13202 H(a) Is this a group return										
	? — — Yes ^X No									
	pending	F Name and address of principal officer: JOHN ASHBY 110 WEST FAYETTE STREET, SYRACUSE, NY	13202	H(b) Are all subordinates						
		pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527		list. See instructions					
	Vebsite:	WWW.NEAREAST.ORG		H(c) Group exemption						
		ganization: X Corporation Trust Association Other	L Year	of formation: 1930 M	State of legal domicile: $\mathbb{N}\mathbb{Y}$					
Pa	art I S	fummary felly describe the organization's mission or most significant activities: $\frac{ ext{THF}}{ ext{THF}}$	E NEAR	EAST FOUNDATI	ON HELPS					
ő	1 Bri									
anc		JILD MORE SUSTAINABLE, PROSPEROUS, AND I								
Governance	2 Ch	neck this box if the organization discontinued its operations or disposed			ts. 17					
0 0	3 Nu 4 Nu	mber of voting members of the governing body (Part VI, line 1a) ~~~~~~~ mber of independent voting members of the governing body (Part VI, line 1b)		-	17					
ళ		al number of individuals employed in calendar year 2022 (Part V, line 2a) $\sim \sim \sim$			22					
ies		tal number of volunteers (estimate if necessary) ~~~~			25					
Activities				-	0.					
Ă		tal unrelated business revenue from Part VIII, column (C), line 12 ~~~~~~			0.					
	Dive			Prior Year	Current Year					
	8 Co	ntributions and grants (Part VIII, line 1h)	~~~	15,092,978.	19,689,746.					
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)	~~~	Ο.	0.					
evel	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~~	~~	334,873.	515,102.					
Ř	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~~	~~	98,431.	-69,626.					
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•••	15,526,282.	20,135,222.					
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	1,470,389.	2,813,505.					
	14 Be	nefits paid to or for members (Part IX, column (A), line 4) ~~~~~~~~~	~~	Ο.	0.					
ŝ	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	~~~	6,482,082.	8,227,193.					
Expenses	16a P b To	tal fundraising expenses (Part IX, column (A), line 11e)	<u>õ.</u>	0.	0.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~~	~~~	7,574,986.	8,095,088.					
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	·~~	15,527,457.	19,135,786.					
	19 Re	venue less expenses. Subtract line 18 from line 12		-1,175.	999,436.					
sor			Be	ginning of Current Year	End of Year					
Assets	20 To	otal assets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~	16,218,674.	28,515,069.					
		otal liabilities (Part X, line 26) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~	9,123,753.	20,059,511.					
Z	22 Ne	t assets or fund balances. Subtract line 21 from line 20 •••••••••••		7,094,921.	8,455,558.					
Pa	art II 🛛 S	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	Signature of officer			Date						
	JOHN ASHBY, CO-PRESIDENT a	& CFO								
	Type or print name and title									
Paid	Print/Type preparer's name KAREN NASONI	Date 05/01/	/24	Check if self-employed	PTIN P00057004					
Preparer	Firm's name BONADIO & CO., LLP Firm's EIN 16-11.									
Use Only	Firm's address 432 NORTH FRANKLIN									
	SYRACUSE, NY 13204	Phor	ne no.(315	6) 476-4004						
May the II	RS discuss this return with the preparer shown a	bove? See instructions • • • • • • • •	• • • • • • •			^X Yes N				
232001 12-13	232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) NEAR EAST FOUNDATION	13-16241	14	Page 2
Ра	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III ••••••••••••••		••• X	
1	Briefly describe the organization's mission:			
	TO REALIZE MORE PROSPEROUS, INCLUSIVE, AND RESILIENT C NEAR EAST FOUNDATION (NEF) WORKS WITH LOCAL PARTNERS T		THE	
	INNOVATIVE, SUSTAINABLE, COMMUNITY-LED ECONOMIC AND SOC		PMENT	
	ACROSS THE MIDDLE EAST, AFRICA, AND THE CAUCASUS. WE S			
2	Did the organization undertake any significant program services during the year which were not listed on the	0110111		
	prior Form 990 or 990-EZ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Yes X	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 service	es? ~~~~~	Yes X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by exp	oenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	hers, the total expense	ses, and	
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$3, 849, 262. including grants of \$) (R			
4a		evenue\$) '
	PROGRAMS TO ESTABLISH A REVOLVING CREDIT FUND TO ADVANCE MICRO-ENTERPRISES OWNED AND OPERATED BY REFUGEES AND V			
	JORDANIANS THROUGH LOANS AND NON-FINANCIAL SERVICES TA		гне	
	CONDITIONS OF VULNERABLE ENTREPRENEURS	1101(11) 10 1		
46	(Code:)(Expenses \$3,686,629including grants of \$2,813,505) (Rev			<u>`</u>
4b	· · · · · · · · · · · · · · · · · · ·)
	PROGRAMS TO CREATE SUSTAINABLE LIVELIHOODS THROUGH MIC DEVELOPMENT AND BUSINESS TRAINING. NEF WORKS TO CREATE			
	AND GENERATE INCOME FOR WOMEN ENTREPRENEURS. NEF PROVI			
	ASSISTANCE, TARGETED TRAINING AND OUTREACH SUPPORT AND			
	REFUGEES AND THEIR HOST COUNTRY NEIGHBORS TO CREATE SUS	TAINABLE		
	LIVELIHOODS.			
4c	(Code:)(Expenses \$2, 208, 208. including grants of \$) (R	evenue \$		
40	PROGRAMS TO REDUCE THEIR RISK OF MORBIDITY AND MORTALI)
	IMPROVED ACCESS TO CLEAN WATER, ADEQUATE SANITATION, GO		TN	
	SUDAN'S CENTRAL DARFUR & SOUTH KORDOFAN STATE	OD HIGHLINE		
	ACCESS TO CLEAN WATER, ADEQUATE SANITATION, GOOD HYGIEN	JE IN SUDAN	's	
	CENTRAL DARFUR & SOUTH KORDOFAN STATE			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ 7,668,692. including grants of \$) (Revenue \$)		
4e	Total program service expenses 17, 412, 791.) (0.05.5.)
0000		F	Form 990	J (2022)
23200	2 12-13-22			
	3			

Form 990 (2	2022)		NEAR	EAST	FC
Part IV	Checklist	of	Required	Schedu	les

NEAR EAST FOUNDATION

1 Be organization described in section 501(c)(c) or 9487(a)(1) (c) ther than a private functional (c) 1 X 2 Is the organization required to complete Schedule <i>B</i> . Schedule <i>G</i> Contributory? See instructions				Yes	No
2 bit the organization engage in direct or indere positionic consultances image: consultances 3 X 3 X 3 X 3 X 3 Sectors 501(b) electron to consultances 4 X 5 Sectors 501(b) electron to consultances 6 X 6 Consultances 7 X 8 Consultances 8 Consultances 9 Consultances	1		1	Х	
3 Dit the organization nangage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices in Proc. Complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in kobying activities, or have a socian 501(h) olection in effect during the tax year? II "Yes," complete Schedule C, Part II 4 X 5 Is the organization as adented in Rev. Proc. 88-187 III "Ns," complete Schedule C, Part III 5 X 6 Did the organization and the organization review and the organization review and the organization review and the organization candidates of an ymining assess: 7 7 X 8 Did the organization and the organization candidates of an ymining assess: 7 11% cs." complete Schedule D, Part III 8 X 10 Did the organization marks and endowness: 1 11% ts." complete Schedule D, Part III 7 X 10 Did the organization and anount in Part X, ing 21, for screw or orsatical aneagreen, credit repari, or debt negalation services? 7 X 11 the organization export an amount for investments - other securities in Part X, ing 12, that is 5% or more of its total assess reported in Part X, ing 12, that is 5% or more of its total assess reported in Part X, ing 12, that is 1% or market securities in Part X, ing 12, that is 5% or more of its total assess reported in Part X, ing 12, that is 5% or more of its	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization expansion has been section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 × 5 Is the organization asset of 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 5 × 6 Did the organization maintain any donor divide dim fusior any similar touls or accounts? If "Yes," complete Schedule D, Part III 6 × 7 Z Schedule D, Part III 7 × 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7 × 9 Did the organization, directly reproved critic organization, tability, serve as a custadian for amounts not listed in Part X, ine 21, for escrow or custadial account liability, serve as a custadian for amounts not listed in Part X, ine 21, for escrow or custadial account liability, serve as a custadian for amounts not poort an amount for throws inmegement: crieft treasures, or other similar assets in Part X, line 10; for H**, "complete Schedule D, Part V 10 × 9 Did the organization report an amount for line, buildings, and equipment in Part X, line 10; for H***, "complete Schedule D, Part V 11 × 11 If the organization report an amount for other assets in Part X, l	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
bit the organization asset of soft (c)(s) or (c)(s), o	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
a matura and an anount report in the server in th	5		4		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or holds in structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endownents? If "Yes," complete Schedule D, Part IV. 10 X 10 the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI. 11 X 11 the organization report an amount for investments - organize related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11a X 11 X 110 X 11a X 12 Did the organization report an amount for investments - program related in Part X, line 12? If "Yes," complete Schedule D, Part X 11a X <td>6</td> <td></td> <td>5</td> <td></td> <td>Х</td>	6		5		Х
the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II' 7 × 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II' 7 × 9 Did the organization report an amount in Part X, line 21, for escrow or outsofial account liability, serve as a cutodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 × 10 the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 × 11 the organization, asswer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 × 11 W the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII' 11a × 11 W the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII' 11a × 12 Did the organization report an amount for investments - other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a × 12 <td< td=""><td></td><td>provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I</td><td>6</td><td></td><td>Х</td></td<>		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 10 Did the organization, difference credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, report an amount for lead, buildings, and equipment in Part X, line 10? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? 11''Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 11''Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 11''Yes," complete Schedule D, Part X 11a X 11 Ext the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X 11a X 12 Did the organization instructed financial statements for the tax year? 111'' X 12	7		7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X 13 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 111 X 14 X 112 X 114 X 15 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 114 X 14 X 114 X 114 X 15 Ub the organization on binds on amount for other assets in Part X, line 15, Part X, line 16? If "Yes," complete Schedule D, Part X 114 X 16 Ub the organizati	8		8		Х
 b Did the organization, directly or through a related organization, hold assets in donor-restricted endowments c min quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI a Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for ther sassits in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X c Did the organization report an amount for other assits in Part X, line 15? If 'Yes," complete Schedule D, Part X c Did the organization report an amount for other fashibilities in Part X, line 15? If 'Yes," complete Schedule D, Part X c Did the organization report an amount for other labilities in Part X, line 15? If 'Yes," complete Schedule D, Part X c Did the organization is separtate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X c Did the organization included in consolidated, independent audited financial statements for the tax year? d 'Yes," complete Schedule E, Parts I and IV d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garests or other assistance to or for any foreign organization? If 'Yes," complete Schedule E, Parts II and IV d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garests or other assistance to or for any foreign individuals? If 'Yes," complete Schedule E, Part II and IV D Did the organization report more than \$15,000 of gross	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		X
b in the quade origenization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 13? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for the report and linencial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization mathain an o	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X e Did the organization separate, independent audited financial statements for the tax year? 11f X 12a Did the organization associated financial statements for the Ly year? 11d X 13 It wes," complete Schedule D, Part X and XII 12a X 13 It de organization ashool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 11d X 14a X 11d X 11a X 13 It de organization maintain an office, employe	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11c X 11c X 11d X 11d	a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization separate or consolidated financial statements for the tax year: Independent audited financial statements for the tax year? 111 X 12a Did the organization asswered "No" to line 12a, then completing Schedule D, Part X and XII soptional matrix in an office, employees, or agents outside of the United States? 12a X 13 Is the organization naintain an office, employees, or agents outside of the United States? 11d X 14 X 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report more than \$15,000 tal of fundraising services on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? 114 X 16 X 17 X 18 X	b		11b		Х
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization baseparate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11t X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV	с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		Х
a Did the organization report manufacture to other hashings in Part X, interests for the tax year include a footnote that addresses the organization's leability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		Х
f Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12a X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12a X 13 Is the organization achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 16 Did the organization report more than \$15,000 of agrees income and contributions on Part IX, column (A), lines 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report more than \$15,000 of grants or other assistance to or for foreign individuals? If "	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~	11e	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax yea? 11"Yes," complete 12a Did the organization included in consolidated, independent audited financial statements for the tax yea? 12a X 12 Was the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 for grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garents or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIIII, lines 12 X 18 X <	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 1		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~	11f		Х
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 16 X 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 17 X 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c	12a		12a	Х	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 16 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20a <td>b</td> <td></td> <td>12b</td> <td>Х</td> <td></td>	b		12b	Х	
14a Did the organization another acceleration (Dig (Tig)(Tig)), (Dig), (Dig	1				Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 16 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20a X 20b Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b<			14a	Х	
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 16 X 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X	Ð	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization attach a copy of its audited financial statements to this return? 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 X	15		15		Х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization attach a copy of its audited financial statements to this return? 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Х	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization attach a copy of its audited financial statements to this return? 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or I I	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2				^
	21		200		X

232003 12-13-22

Form	990	(2022)

Pa	Int IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x				
~~								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24d						
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25a		Х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25b		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III~~~							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а								
	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28a		Х				
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~							
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~	29		Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~~~~~	31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32		Х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		Х				
	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~	37		Х				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
_	Note: All Form 990 filers are required to complete Schedule O •••••••••••••••••••••••••••••••••••	38	Х					
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V ••••••••••••••••••••••••	• • • •	• X	1				
			Yes	No				
	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	-						
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~~ 1b 0	-						
		1						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2022)

1c

232004 12-13-22

Form	990 (2022) NEAR EAST FOUNDATION	13-1	624114	Р	<u>age 5</u>				
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~~~~	2a	22						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a		~~~~~~~~~			Х				
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financia	•	~ 4a	Х					
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		- 5a		Х				
					X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		_5b						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		., <u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?		at 6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pa	yor? <u>7a</u>		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282? •••••••••••••••••••••••••••••••••		• <u></u>		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			X				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ū	sponsoring organization have excess business holdings at any time during the year?								
9									
	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:		- <u>9b</u>						
	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~~	10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
a		11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	445							
40-	amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10412	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		_12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-						
а	Is the organization licensed to issue qualified health plans in more than one state? ~~~	~~~~~~	~ <u>13a</u>						
	Note: See the instructions for additional information the organization must report on Schedule O.								
a	Enter the amount of reserves the organization is required to maintain by the states in which the	4.04							
	c Enter the amount of reserves on hand	13b							
		13c			Х				
		~~~~~~~~~	-~ <u>14a</u>						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		~~ <u>14b</u>		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			v				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.				37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income? ~~~~~	-~ 16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	~~~~~	17						
	If "Yes," complete Form 6069			000					
232005	5 12-13-22		Form	1990	(2022)				

10200501 784124 NEA004001

Form	990 (2022) NEAR EAST FOUNDATION		13-16	241	14	Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b	below, and f	ora "N	lo" re		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instr	uctions.				
	Check if Schedule O contains a response or note to any line in this Part VI • • • • • • • • •				••	Х	
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~	1a		17			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing						
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ~~~~~	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other				
2	officer, director, trustee, or key employee have a family relationship of a business relationship	with any		- E	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct su	nenvision		_		
3	of officers, directors, trustees, or key employees to a management company or other person?	uneer su	pervision		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	190 was f	iled?		4		X
-	Did the organization become aware during the year of a significant diversion of the organization's a		~~~~~~		5		X
5		133613 !	~~~~~~~	F	6		X
6	5	~~~~~~~	~~~~~~~	-	0		25
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appendix more members of the governing body?				70		х
	and a set geten and geten and			F	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholdei	s, or				37
	persons other than the governing body?	~~~~~	~~~~~~~	-	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fol	lowing:				
а	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	~~~~~~		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	-~~~~~			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O • • • • • • • •	• • • • •	• • •		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Co	de.)				
				-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ~~~~~~~~	~~~~~		Ļ	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, af	filiates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes	? ~~	~~~~~~	Ľ	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fi	ing the form?	Ľ	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 ~~~~~			Ŀ	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			. L	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~	~~	12c	Х	
1:		.~~~~~		~~	13	Х	
14					14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
15			endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		~~~~~~		15a	Х	
	The erganizations of the indiana structure and the indiana				15b	Х	
D	Other officers or key employees of the organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	~~~~~~	-			
4.0	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				16a		Х
	taxable entity during the year?				Tou		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization'	S	-	104		
	exempt status with respect to such arrangements?	•••			16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 990-T (s	ection 501(c)	(3)s or	nly) a	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain)	on Schea	lule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of inte	rest policy, a	nd fina	ncial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and re	cords				
	JOHN ASHBY - 315-428-8670						
	110 FAYETTE STREET, SUITE 710, SYRACUSE, NY 13202						
23200	6 12-13-22				Form	990	(2022)
	7						. ,

2022.05090 NEAR EAST FOUNDATION NEA00401

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	not cl , unle	Pos heck i ss pei	rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employ ee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN ASHBY	40.00									
CO-PRESIDENT & CFO		Х		Х				237,115.	0.	18,295.
(2) SIMONA CECI	40.00									
CO-PRESIDENT		Х		Х				235,184.	0.	18,295.
(3) CHARLES BENJAMIN	40.00						v	202 240	0	20 044
FORMER CEO	40.00						Х	203,340.	0.	29,844.
(4) BAN SARAF PROGRAM DIRECTOR	40.00	-				Х		139,287.	0.	17,191.
(5) RABIH YAZBECK	1.00									<u> </u>
VICE PRESIDENT OF PROGRAMS	40.00					Х		Ο.	137,212.	12,493.
(6) JUSTIN PRITCHARD	40.00									
ASSOCIATE VP OF FINANCE						Х		123,972.	0.	24,154.
(7) JENNIFER ABDELLA	40.00									
PROGRAM DIRECTOR						Х		123,518.	0.	16,971.
(8) LEZLIE BLASKI	40.00									
DIRECTOR OF HUMAN RESOURCE						Х		119,759.	0.	8,882.
(9) SHANT MARDIROSSIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HAIG MARDIKIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOHNSON GARRETT	1.00								_	
SECRETARY	1 0 0	Х		Х				0.	0.	0.
(12) LINDA JACOBS DIRECTOR	1.00	x						0.	0.	Ο.
(13) MONA ERAIBA	1.00	Λ						0.	0.	0.
TREASURER	1.00	х		Х				0.	0.	0.
(14) PATRICK MALKASSIAN	1.00									
DIRECTOR	1.00	Х						Ο.	0.	0.
(15) CAROL B ASLANIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JEFFREY HABIB	1.00									
DIRECTOR		Х						0.	0.	0.
(17) NINA BOGOSIAN QUIGLEY	1.00							_	_	<u>^</u>
CHAIR		Х		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	es,	and	l Hig	ghes	t Co	ompensated Employees	s (continued)			
(A) Name and title	(B) Average	(do		Pos	C) sition more	۱ than	one	(D) Reportable	(E) Reportable		(F) Estimated	I
	hours per					is both /truste		compensation	compensation		amount of	f
	week (list any						from the	from related		other	20	
	hours for	Individual trustee or director				q		organization	organizations (W-2/1099-MISC	:/	compensation from the	
	related	ee or	trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	<i>'</i>	organizatio	n
	organizations	l trust	nal tri		loy ee	ompe		1099-NEC)			and related	d
	below	ividua	Institutional	Officer	emp	hest c	Former				organizatior	ns
	line)	lnd	lns	p	Key	Hig en	Fo					
(18) RANA GILLMON	1.00									~		~
DIRECTOR	1 0 0	Х						0.		0.		0.
(19) OSAMAH KHALIL	1.00									~		~
DIRECTOR	1 0 0	Х						0.		0.		0.
(20) RANDA EL-SAYED HAFFAR	1.00									~		~
VICE CHAIR	1 0 0	Х		Х				0.		0.		0.
(21) MYRNA BARAKAT	1.00									~		
DIRECTOR	1 0 0	Х						0.		0.		0.
(22) ELIAS HABAYEB	1.00									_		
DIRECTOR	1 0 0	Х						0.		0.		0.
(23) EMILY ROSENBERG	1.00									_		
DIRECTOR		Х						0.		0.		0.
								1 100 175	100 01	_	1 4 6 1 0	
1 b Subtotal ~~~~~~		~~~~	~~~	~~~	~~~	~~		1,182,175.	137,212		146,12	
c Total from continuation sheets to Part					~~~	~~		0.		0.		0.
d Total (add lines 1b and 1c) • • • • • • • • •	••••	•••	•~•	•				1,182,175.	137,213	2.	146,12	5.
2 Total number of individuals (including but no	ot limited to tho	se li	stec	l abo	ove)	who	reo	ceived more than \$100,0	00 of reportable			_
compensation from the organization											N ₂ -	/
										П	Yes	No
3 Did the organization list any former officer,			-	-	-		-		-		3 X	
line 1a? If "Yes," complete Schedul											3 1	
4 For any individual listed on line 1a, is the su										-	4 X	
and related organizations greater than \$1											4 1	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	idual for services		5	Х
rendered to the organization? If "Yes," comple	te Schedule J fo	or suc	ch pe	erso	n • •	•••	•••	• • • • • • • • • • • • • • • • •	• • •	I	5	21
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							•	satio	on from	
the organization Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithi	0	year.		(=)	
(A) Name and business	address	NO	NE					(B) Description of s	envices	C	(C) ompensation	
		110						Beschption of a		0	Inpendation	
							+					
							$\dashv$					
							-+					
2 Total number of independent sectors (		4 (beer	ite -	+c ."	her			boyo) when reacting d	ra than			
2 Total number of independent contractors (ir \$100,000, of compensation from the organiz		ιIIM	rted	to ti	nose 0	) IISte	ed a	ibove) who received mo	re man			

\$100,000 of compensation from the organization

Form 990 (2022)

		Check if Schedule O	contains	a res	pons	e or note to any		(B)		(D)
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
<u></u> វ	а	Federated campaigns ~	-~~~	1a						
Inot	b	Membership dues ~~~	~~~~	1b						
Arr		Fundraising events ~~~		1c 1d						
nilar		Related organizations ~		1e		17,627,194.				
ŝ		Government grants (cont	,	10						
her		All other contributions, gifts, g similar amounts not include	-	1f		2,062,552.				
đ		Noncash contributions included in		1g (	\$	9,961.				
ano	h	Total. Add lines 1a-1f •	• • • • • • •	• • • •	• • • •	•••	19,689,746.			
						Business Code				
2	а									
е										
ven										
2 Revenue										
	e f	All other program service	revenue	~~~~	~					
		Total. Add lines 2a-2f • •				• • •				
3	;	Investment income (includ	ding divide	nds, i	ntere	st, and				
		other similar amounts)	-				447,157.			447,15
4		Income from investment				proceeds				
5	; _	Royalies • • • • • • • • • • • • •								
				i) Rea	I	(ii) Personal				
6		Gross rents ~~~~	6a 6b							
		Less: rental expenses ~ Rental income or (loss)	60 60							
		Net rental income or (loss)			• • •	••••				
7		Gross amount from sales of		ecuriti		(ii) Other				
		assets other than inventory	7a	954,	762.					
	b	Less: cost or other basis								
Kevenue		and sales expenses ~~~		386,8 67,9						
eve		Gain or (loss) ~~~~ Net gain or (loss) •••••	7c				67,945.			67,94
<u> </u>	а	Gross income from fundrais	sing events	(not			01,943.			07,9
		•		_						
		contributions reported on Part IV, line 18 ~~~~~			8a					
		Less: direct expenses ~			8b					
		Net income or (loss) from			nts	• • • • • • •				
9	а	Gross income from gaming	activities. S	See						
		Part IV, line 19 ~~~~~			9a					
		Less: direct expenses ~			9b					
		Net income or (loss) from								
10		Gross sales of inventory, and allowances ~~~~~			10a					
		Less: cost of goods sold			10b					
		Net income or (loss) from			y ••	•••••				
						Business Code				
្ម 11 ថ		GAIN ON CURRENCY EXC	CHANGE RA	ATE (	OP	525990	26,565.			26,56
enu		MISC. INCOME				561000	4,806.			4,80
11 Revenue	-	FOREIGN CURRENCY EXC All other revenue ~	LHANGE GA	ATN		525990	-100,997.			-100,99
		All other revenue ~ Total. Add lines 11a-11d		• • • •	•••		-69,626.			
		1 Julai. AUU III 165 1 18-1 10					0,020.			

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Form 990 (2022) NEAR EAST FOUNDATION

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 ~				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 ~~~~~~				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 010 EOE	0 010 E0E		
	individuals. See Part IV, lines 15 and 16 ~~~	2,813,505.	2,813,505.		
4	Benefits paid to or for members ~~~~~				
5	Compensation of current officers, directors,				E0 400
	trustees, and key employees ~~~~~~	760,459.	643,107.	66,864.	50,488
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ~~~	5 004 040			
7	Other salaries and wages ~~~~~~~	5,384,940.	4,546,447.	476,077.	362,416
8	Pension plan accruals and contributions (include			0 000	
	section 401(k) and 403(b) employer contributions)	111,901.	96,372.	9,236.	6,293
9	Other employee benefits ~~~~~~~	1,831,301.	1,577,160.	151,155.	102,986
0	Payroll taxes	138,592.	119,359.	11,439.	7,794
1	Fees for services (nonemployees):				
а	Management ~~~~~~~~~~~				
b	Legal ~~~~~~~~~~	80,568.	68,192.	3,247.	9,129
с	Accounting ~~~~~~~~	219,506.	185,786.	8,847.	24,873
d	Lobbying ~~~~~~~~~~~~~~~~				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~~~~~~	39,431.		39,431.	
g					
9	column (A), amount, list line 11g expenses on Sch O.)	523,832.	443,362.	21,114.	59 <b>,</b> 356
2	Advertising and promotion ~~~~~~~				
2 3	Office expenses~~~~~~~~~~~	57,957.	49,054.	2,336.	6,567
3 4	Information technology ~~~~~~~	- ,	-,	,	-,
	Royalties ~~~~~~~~~~~~~~				
5 6	Occupancy ~~~~~~~~~~~~~	485,744.	411,126.	19,578.	55,040
	Travel ~~~~~~~~~~~~~~~~~	841,302.	690,784.	138,168.	12,350
7		011/0021	000,101.	100/1001	12,000
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials ~				
9	Conferences, conventions, and meetings ~~				
20					
21	Payments to affiliates	101 660	101 660		
2	Depreciation, depletion, and amortization ~~	101,669.	101,669.		
3					
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM ACTIVITIES	4,764,946.	4,741,725.		23,221
b	SUB-AWARDS	492,800.	492,800.		,
с	OTHER OPERATING EXPENSE	293,710.	248,590.	11,839.	33,281
d	EQUIPMENT EXPENSE	193,623.	183,753.	5,194.	4,676
e	· · · · · · · · · · · · · · · · · · ·	± , 02 , 02 , 02 , 02 , 02 , 02 , 02 , 0	±00 <b>,</b> /00.	5,151.	J,070
25	Total functional expenses. Add lines 1 through 24e	19,135,786.	17,412,791.	964,525.	758,470
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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### NEAR EAST FOUNDATION

Beginning of year End of year 7,519,222. 13,289,611. 1 Cash - non-interest-bearing 1 450,789. 2 2,638,684. 2 Savings and temporary cash investments 1,145,877. 2,800,554. 3 3 Pledges and grants receivable, net 169,393. 206,722. 4 4 Accounts receivable. net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons ~~~~~~~ Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 367,472. 7 2,113,591. 7 receivable, Notes and loans net 8 8 Inventories for or sale use 195,196. Prepaid expenses and deferred charges 9 241,368. 9 10a Land, buildings, and equipment: cost or other 1,350,264 10a basis. Complete Part VI of Schedule D ~~~ 1,228,217. 190,800. 122,047. 10b 10c b Less: accumulated depreciation ~~~~~ 5,853,093. 6,258,530. Investments - publicly traded securities 11 326,832. 292,179. 12 Investments - other securities. See Part IV, line 11 ~-13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 0. 551,783. 15 Other assets. See Part IV. line 11 15 16,218,674. 16 28,515,069. Total assets. Add lines 1 through 15 (must equal line 33) •••••••• 877,128. 17 2,080,494. Accounts payable and accrued expenses Grants payable 18 2,003,152. 7,614,373. 19 19 Deferred revenue liabilities Tax-exempt bond 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~ 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 5,993,250. 9,824,991. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 250,223 539,653. Schedule 25 of D 9,123,753. 26 20,059,511. Total liabilities. Add lines 17 through 25 •••••••••• Organizations that follow FASB ASC 958, check here Х and complete lines 27, 28, 32, and 33. 1,603,423. 1,160,702. Net assets without donor restrictions 27 5,491,498. 7,294,856. 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~

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

(A)

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(B)

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8,455,558.

28,515,069.

31

32

33

7,094,921

16,218,674.

Total net assets or fund balances

Retained earnings, endowment, accumulated income, or other funds ~~~~~

Total liabilities and net assets/fund balances •••••••••••••

6

11

12

16

17

18

20

24

25

26

27

30

31

32

33

Liabilities

Net Assets or Fund Balances

Assets

Part X Balance Sheet

Form	990 (2022) NEAR EAST FOUNDATION	13.	-1624114	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI •••••••••••••••••		•••••	•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,13		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~	4	7,09		
5	Net unrealized gains (losses) on investments	5	36	1,2	01.
6	Donated services and use of facilities	6			
7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
8	Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)) ••••••••••••••••••••••••••••••••••	10	8,45	5,5	58.
1	Check if Schedule O contains a response or note to any line in this Part XII ••••••••••••••••••••••••••••••••••	•••	· · · · · · · · · · · · · · · · · · ·	• Yes	No
1					
20	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (		2a		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		~~~~		
		1 ON A			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	5 0031	5,		
	Separate basis ^X Consolidated basis Both consolidated and separate basis				
<u> </u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	م عبيط	i+		
U	review, or compilation of its financial statements and selection of an independent accountant? ~~~~~~		2.0	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a		Caule	· • ·		
54	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	~~~~		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		lit 3b	Х	

Form 990 (2022)

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SCHED	ULE A
-------	-------

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization Employer identification nu NEAR EAST FOUNDATION 13-1624114								
Part I	Reason for Public C			omplete th	is part.) Se	ee instructions		
	-						•	
1 ne orga	nization is not a private founda A church, convention of chur		-	-		(A)(i).		
2	A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).)				
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(iii	).		
4	A medical research organiz	ation operated in co	njunction with a hospita	I described	d in section	on 170(b)(1)(A	)(iii). Ente	r the hospital's name,
	city, and state:							
5	An organization operated fo section 170(b)(1)(A)(iv). (C		ege or university owned o	or operated	l by a gove	ernmental unit	described	in
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	0(b)(1)(A)(	v).		
7 X	X 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 describe		I)(A)(vi), (Complete Part	· II.)				
9	An agricultural research org				t in coniun	ction with a lar	nd-grant co	llege
Ū	or university or a non-land-g university:				-		-	•
10	An organization that norma	ally receives (1) more	e than 33 1/3% of its sup	port from	contributio	ns, members	nip fees, a	nd gross receipts from
	activities related to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fi	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12	An organization organized a	and operated exclusiv	vely for the benefit of, to p	perform the	functions	of, or to carry	out the pu	rposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1)	or section	509(a)(2).	See section 8	509(a)(3).	Check the box on
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а	Type I. A supporting organiz	zation operated, sup	pervised, or controlled b	y its supp	orted orga	nization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority c	of the direc	tors or trustee	s of the su	pporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting organi	ization supervised o	r controlled in connecti	on with its	supported	d organization	(s), by ha	ving
	control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manag	e the supp	orted
	organization(s). You mus							
с	Type III functionally integra	ted. A supporting o	rganization operated in	connectio	n with, an	d functionally	integrated	d with,
	its supported organizatio	n(s) (see instruction	s). You must complete	Part IV, S	ections A,	D, and E.	-	
d	Type III non-functionally inte						d organiza	ation(s)
	that is not functionally inte	•	•••				-	
	requirement (see instruct			-		-		
е	Check this box if the organiza		•				Type III	
	functionally integrated, o							
f En	, ,	supported organiz	, , , , , , , , , , , , , , , , , , , ,	.~~~~~~		~~~~~~~	.~~~~	
	ovide the following information							
5	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

Sch	edule A (Form 990) 2022 N	EAR EAST	FOUNDATION	J		13-162	4114 Page 2
Pa	art II Support Schedule for C	Organizations	Described in S	ections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(vi	)
-	(Complete only if you checked	d the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un	der Part III. If the o	rganization
	fails to qualify under the tests			-			-
Se	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~	15058400.	12956626.	16891702.	15092978.	19689746.	79689452.
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\sim$	1 5 0 5 0 4 0 0	10056606	1 6 0 0 1 7 0 0	1 5 0 0 0 7 0	10000740	7000450
4	Total. Add lines 1 through 3 ~~~	15058400.	12956626.	16891702.	15092978.	19689746.	79689452.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f) ~~~~~~~~						
6	Public support. Subtract line 5 from line 4.						79689452.
Se	ction B. Total Support	-					
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4 ~~~~~~	15058400.	12956626.	16891702.	15092978.	19689746.	79689452.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	175,067.	162,446.	137 369	174,897.	447,157.	1096936.
	and income from similar sources ~	1/3,007.	102,440.	137,309.	1/4,097.	44/,13/.	1090930.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\sim$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) ~~~~	199,421.	-78,055.	-13,667.	98,431.	-69,626.	136,504.
11	Total support. Add lines 7 through 10						80922892.
12	Gross receipts from related activ	vities, etc. (see	instructions)	~~~~~~~		12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop h						_
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage			1 1	
14	Public support percentage for 2022 (	(line 6, column (f),	divided by line 1	1, column (f))	~~~~~	14	98.48 %
15	Public support percentage from 202					15	98.71 %
	33 1/3% support test - 2022. If the o					ore, check this box	and
	stop here. The organization qualifies	0					
r	0 33 1/3% support test - 2021. If the o						
L.	and stop here. The organization	-					
170	1 4			÷			
178	10% -facts-and-circumstances test -	-					
	and if the organization meets the fact			•	•	e e	
	meets the facts-and-circumstances te	-			-	~~~~~~~	
Ł	10% -facts-and-circumstances test -	-					0% or
	more, and if the organization meets the				• •		
	organization meets the facts-and-cir	rcumstances test.	The organization q	ualifies as a public	ly supported organ	nization ~~~~	
	18 Private foundation. If the	organization did no	ot check a box on l	line 13, 16a, 16b,	<u>17a, or 17b, check</u>	this box and see	instructions www

Schedule A (Form 990) 2022

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

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

Section A. Public Support	<u> </u>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513 ~~~~~						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~~						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	-		-
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 ~~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b ~~~~~</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~~</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) ~~~~ 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fire	st. second. third. f	ourth. or fifth tax v	ear as a section 50	01(c)(3) organizatio	n.
check this box and stop here •••••	-					
Section C. Computation of Publi						
15 Public support percentage for 2022 (	(line 8, column (f),	divided by line '	13, column (f))	~~~~~~	15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15 ••••	•••••	• • • • •	16	%
Section D. Computation of Invest	stment Income	Percentage				
17 Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by li	ne 13, column (f))	~~~~~	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					3 1/3%, and line 17	
more than 33 1/3%, check this box	•					
b 33 1/3% support tests - 2021. If the	organization did no	t check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	s as a publicly supp	ported organization	~~~~~
20 Private foundation. If th	e organization did	not check a box of	on line 14, 19a, or	19b, check this bo	ox and see instructi	ons ·····
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^{2022.05090} NEAR EAST FOUNDATION

1

No

Yes

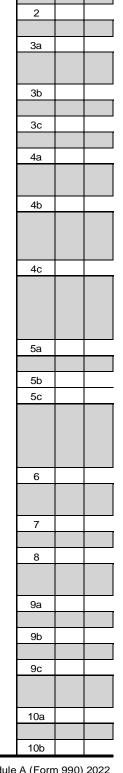
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1	LI	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
<u> </u>		2		
Sec	tion C. Type II Supporting Organizations		V	NI-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b></b>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		I
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tructions	)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2022

NEAR EAST FOUNDATION Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 0.035. 6 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 NEAR EAST FOUL			1	3-1624114 Page 7				
Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizations		3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is responsive							
•	(provide details in Part VI). See instructions.	<b>.</b>		8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
-	able cause required - <i>explain in</i> Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
-	From 2018								
с	From 2019								
-	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
U	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2018								
•	Excess from 2019								
•	Excess from 2020								
•	Excess from 2021								
	Excess from 2022								

Schedule A (Form 990) 2022

Schedule A	Form 990) 2022 NEAR EAST FOUNDATION	13-1624114 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additiona (See instructions.)	Ind 2; Part IV, Section C, Section B, line 1e; Part V,

(Form 990)

#### Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

13-1624114

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

Organization type (check one):

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### General Rule

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

### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 2

NEAR EAST FOUNDATION

13-1624114

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES DEPARTMENT OF STATE	\$ <u>2,231,637.</u>	Person ^X Payroll
	WASHINGTON, DC 20520		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES AGENCY FOR INTERNATIONAL <u>DEVELOPMENT</u> <u>1300 PENNSYLVANIA AVE NW</u> <u>WASHINGTON, DC 20004</u>	\$3,117,033	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EUROPEAN COMMISSION DELEGATION OF THE EUROPEAN UNION TO ARMENIA 21 FRIK STREET 002 YEREVAN, ARMENIA	\$609,636	Person X Payroll Noncash (Complete Part II for
(a)	(b)	(c)	noncash contributions.) (d)
<u>No.</u>	Name, address, and ZIP + 4 EMBASSY OF THE KINGDOM OF THE NETHERLANDS BP 2220, 437 STREET, HIPPODROME BAMAKO MALI	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SYRIA RECOVERY TRUST FUND KING ABDULLAH ST, KHALED AL DAOUD CENTRE, 2ND FLOOR AMMAN, JORDAN	\$ <u>3,535,392.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 DEUTSCHE GESELLSCHAFT FUR	(c) Total contributions	(d) Type of contribution
6 223452 11-15	-22		Schedule B (Form 990) (2022)

2022.05090 NEAR EAST FOUNDATION

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### Schedule B (Form 990) (2022)

Page 2

Name of organization			Emplo	Employer identification number	
NEAR EAST FOUNDATION				13-1624114	
	INTERNATIONALE ZUSAMMENARBEIT (GIZ) GM	<b>\$</b> 871,0	92.	Person ^X Payroll	
	DAG-HAMMARSKJOLD-WEG 1-5	\$			
	65760 ESCHBORN, GERMANY			Noncash	
				(Complete Part II for noncash contributions.)	

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Name of organization

Page 2 Employer identification number

NEAR EAST FOUNDATION

13-1624114

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	UNOPS GENEVA Chemin des anemones 11	- \$\$504,331	Person ^X Payroll			
	1219 CHATELAINE, SWITZERLAND	-	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- \$	Person Payroll Noncash (Complete Part Il for			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution			
		\$	Person Payroll			
		-	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- \$	Person Payroll			
		-	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- _ \$	Person Payroll			
		-	Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

24 2022.05090 NEAR EAST FOUNDATION

10200501 784124 NEA004001

Schedule	B (Form 990) (2022)		-	Page 2
Name of organization			Employer identification numbe	
NEAR	EAST FOUNDATION		13	-1624114
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll
				Noncash (Complete Part
				II for noncash contributions.)

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

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Schedule B (Form 990) (2022)

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Page 3

Employer identification number

13-1624114

### Schedule B (Form 990) (2022)

NEAR EAST FOUNDATION

Name of organization

Schedule E	B (Form 990) (2022)			Page 4	
Name of o	rganization			Employer identification number	
NEAR I	EAST FOUNDATION			13-1624114	
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line entr charitable, etc., contributions of \$1,000 or les	v. For organizations		
(a) No.	Use duplicate copies of Part III if additional s	bace is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, ar	ad ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tra	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee	
223454 11-15	5-22			Schedule B (Form 990) (2022)	

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SCHEDULE D

Department of the Treasury

(Form 990)

1 2

3 4

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## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Internal Revenue Service Name of the organization Employer identification number NEAR EAST FOUNDATION 13-1624114 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) ~~~~ Aggregate value of grants from (during year) Aggregate value at end of year ~~~~~~~~~~ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the las Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2h b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d historic structure listed in the National Register ~~~~~~ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the ization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22

Open to Public

Sche	dule D (Form 990) 2022 NEAR EA	ST FOUNDATI	ION			13-16	24114	Page 2
Ра	rt III Organizations Maintaining C	ollections of Art,	Historical Trea	asures, or Othe	<u>r Simila</u>	ar Assets	(continue	d)
3	Using the organization's acquisition, accessing	on, and other records	s, check any of the fe	ollowing that make s	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excha	ange program				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	ures, or other simila	r assets			
_	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arrange		if the organization a	answered "Yes" on I	Form 990	, Part IV, lir	ne 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X? ~~~~~~			~~~~~~	~~~~~	~~	Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:				Amount	
					1c		Amount	
c	Beginning balance		~~~~~~		1d			
d	Additions during the year		~~~~~~~		10			
e	Distributions during the year		~~~~~~		16 1f			
f	Ending balance		~~~~~					
	Did the organization include an amount on F If "Yes." explain the arrangement in Part XIII	, ,	,		,	~~~~	Yes	No
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	1	e years back	(e) Four ye	ars back
1a	Beginning of year balance ~~~~~~	4,112,466.	4,112,466.	4,112,466.		112,466.		7,007.
b	Contributions ~~~~~~~~~					· · ·		0,677.
c	Net investment earnings, gains, and losses							
d	Grants or scholarships ~~~~~~~							
e	Other expenditures for facilities							
0	and programs ~~~~~~~~						-2	5,218.
f	Administrative expenses ~~~~~~~							
g	End of year balance ~~~~~~~~	4,112,466.	4,112,466.	4,112,466.	4,	112,446.	4,11	2,466.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a))	held as:				
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment	<u>%</u>						
с	Term endowment	_%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for tl	he			
	organization by:						Ye	
	(i) Unrelated	organizations ~		~~~~~~	-~~~~~	~~~~~	3a(i) >	
	(ii) Related org	anizations ~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	-~~~~~	~~~~~	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related	organizations listed	as required on So	chedule R? ~~~~	~~~~~~		3b	
4	Describe in Part XIII the intended uses of the	<b>v</b>	vment funds					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or ot basis (investm	. ,	(-)	Accumula epreciatio		(d) Book v	alue
1a	Land ~~~~~~~~~~~~~~~							
b	Buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1 01 -				
с	Leasehold improvements ~~~~~~~			1,317.		317.		0.
d				8,198.	217,			941.
e				0,749.	969,	643.		106.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual ⊦orm 990, Part X	, column (B), line 10	JC.) • • • • • • • • • • •	• • • • •		122,	047.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives ~~~~~~~~			
(2) Closely held equity interests ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(3) Other (A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Description		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	••••	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			F.0.0. 0.7.7
(2) OPERATING LEASE LIABILITY			539,653.
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
	25.) •••••••	•••••	539,653
2. Liability for uncertain tax positions. In Part XIII, provide		••••••	539,653.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 NEAR EAST FOUNDATION			13-1	1624114 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s With F	Revenue per Ret	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial statements	~~~~~	~~~~~~	1	20,531,424.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	361,201.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~~	~~~~~~	2e	361,201.
3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	.~~~~~~		3	20,170,223.
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	39,431.		
b Other (Describe in Part XIII.)	4b	-74,432.		
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~	4c	-35,001.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ••••			5	20,135,222.
Part XII Reconciliation of Expenses per Audited Financial Statemer	ts With	Expenses per R	eturr	າ.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements ~~~~	~~~~~~~		1	19,096,355.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~	2e	0.
3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3	19,096,355.
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	39,431.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~	4c	39,431.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••••	••••	5	19,135,786.
Part XIII Supplemental Information.				

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

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

FOREIGN CURRENCY EXCHANGE	-100,997.
GAIN ON CURRENCY EXCHANGE RATE OPTIONS	26,565.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-74,432.

232054 09-01-22

SCHEDULE F (Form 990)		0MB No. 1545-0047				
Department of the Treasury	Go to v	vww.irs.gov/For	Attach to Form 990. <i>m990</i> for instructions and the latest	information.		
Name of the organization						•
NEND FACT FOUND	$\lambda = T \cap N$				13-162/	111/
		ctivities Outs	side the United States. Comple	te if the organi		
Statement of Activities Outside the United States Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 14b, 15, or 16. Attach to Form 990. Control 990, Part IV, Ine 14b, 15, or 16. Cate www.is.gov/m990 for instructions and the latest information.  Name of the organization NEAR RAST FOUNDATION  NEAR RAST FOUNDATION  NEAR RAST FOUNDATION  13-1624114  Part  Complete if the organization answered 'Yes' on Form 990. Part IV, Ine 14b.  1 For grantmakers. Describe in Part V the organization conserved 'Yes' on Form 990. Part IV, Ine 14b.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and state assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and state assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and state assistance outside the United States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and state assistance outside the united States.  3 Crow grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Crow grant the region  4 (a) Region  4 (b) Number of (c) Number of (c) Content end (c) (c) Part of (c)						
		maintain record	Is to substantiate the amount of its gra	nts and other a	ssistance.	
-	-		-			– Yes No
United States.			C C		er assistance c	outside the
1 0 (	(b) Number of offices	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activ is a prog describe	ram service, specific type	expenditures for and investments
MALI	SUPPORT FOR FO SECURITY, RESIL CLIMATE CHANGE			ESILIENCE TO ANGE, AND		
		23		SULLON OF	IOVERII	
				HELP ESTAB	LISHED SMAI	L
MOROCCO	1	5	PROGRAM SERVICE			. 250,795.
SUDAN	3	14	PROGRAM SERVICE			1,963,246.
						, ,
				ASSISTANCE 1	TARGETED TO	
				TRAINING,	OUTREACH	
JORDAN	1	31	PROGRAM SERVICE	SUPPORT AND	MENTORING	3,142,451.
				ASSISTANCE ' TRAINING,	IARGETED TO OUTREACH	0.510.805
LEBANON	1	16	PROGRAM SERVICE			2,513,795.
CVD T 3		0.0		REVOLVING SUPPORT LIVI	FUND TO ELIHOODS	DE 1 609 100
ATVIC	/	80	FRUGRAM SERVICE			Ur 1,090,122.
IRAQ	2	15	PROGRAM SERVICE	SERVICES F	OR IRAQI	710,576.
				TO CREATE OPPORTUNITI DEODIE MHO	ES FOR THE	
ARMENIA	1	10	PROGRAM SERVICE	PEOPLE WHO REFUGE FROM		593,013.
3 a Subtotal ~~~~~	17	202				13,204,279.
b Total from continuation sheets to Part I ~~~	4	13				1,264,088.
c Totals (add lines 3a and 3b) ••••••	21	215				14,468,367.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

232071 10-17-22

Part I Continuatio	n of Activities	per Region.	(Schedule F (Form 990), Part I, line	3)	-
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ONDON	1	4	PROGRAM SERVICE	SUPPORT PROGRAM IMPLEMENTATION AND DEVELOPMENT.	818,560
				SUPPORT PROGRAM IMPLEMENTATION AND	010,000
ELGIUM	1	0	PROGRAM SERVICE	DEVELOPMENT.	162,069
VEST BANK	1	0	PROGRAM SERVICE	TO SUPPORT AGRICULTURAL DEVELOPMENT AND CROSS BORDER TRAINING	8,080
	1			SUPPORT FOR NATURAL RESOURCE MANAGEMENT, FOOD SECURITY, AND	0.75, 0.70
SOUTH SUDAN	1	9	PROGRAM SERVICE	POVERTY REDUCTION	275,379
Totals • • • • • • • • •	4	13			1,264,08

232181 04-01-22

#### 232072 10-17-22

	· • •	•	-	-	-	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or cour	nsel has provided a se	ection 501(c	)(3) equ	ivalency letter	~~~~~
3	3 Enter total number of other organizations or entities • • • • • • • • • • • •				• • • • • • • •	

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Schedule F (Form 990) 2022

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of r	ecipient organization	s listed above that are re	ecognized as charities by the fo	preian country, re	ecognized as a tax	1		1

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

1

13-1624114

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

Part III can be duplicated if additional space is needed								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
CASH ASSISTANCE GRANTS TO SYRIAN REFUGEES AND LEBANESE INDIVIDUALS	LEBANON	1,790	1151200.	PREPAID CASH DEBIT CARD	0.			
CASH ASSISTANCE GRANTS TO SYRIAN REFUGEES AND JORDANIAN INDIVIDUALS	JORDAN	2,021	1662305.	PREPAID CASH DEBIT CARD	0.			

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	Х	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	Х	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	Х	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	Х	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	Х	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	Х	No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022	NEAR	EAST	FOUNDATION

# Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: MALI

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR FOOD, SECURITY,

RESILIENCE TO CLIMATE CHANGE, AND SUPPORT OF POVERTY REDUCTION.

REGION: JORDAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE MATERIAL ASSISTANCE

TARGETED TO TRAINING, OUTREACH SUPPORT AND MENTORING FOR REFUGEES AND

THEIR JORDANIAN NEIGHHBORS.

REGION: SYRIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ESTABLISHMENT OF REVOLVING

FUND TO SUPPORT LIVELIHOODS RECOVERY IN NE AND NW OF SYRIA

REGION: IRAQ

(E) SPECIFIC TYPES OF SERVICES IN REGION: IMPROVE ACCESS TO SAFE AND

SUSTAINABLE LIVELIHOOD SUPPORT SERVICES FOR IRAQI IDPS/RETURNEES AND

VULNERABLE HOST COMMUNITY MEMBERS & IMPROVE PARTICIPATION IN

INCOMEGENERATING ACTIVITIES AMONG IRAQI IDPS/RETURNEES AND VULNERABLE

HOST COMMUNITY MEMBERS

REGION: ARMENIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO CREATE NEW JOB

OPPORTUNITIES FOR THE PEOPLE WHO HAVE TAKEN REFUGE FROM RECENT

HOSTILITIES AND TO ENHANCE THE RESILIENCE, SUSTAINABILITY,

ACCOUNTABILITY, AND INNOVATION DRIVEN CAPACITY BUILDING THE ARMENIAN

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CIVIL SOCIETY ORGANIZATIONS.

232075 10-17-22

# Part V Supplemental Information

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

## PART III, COL (C):

CASH ASSISTANCE GRANTS TO INDIVIDUAL SYRIAN REFUGEES, LEBANESE

INDIVIDUALS, AND JORDANIAN INDIVIDUALS.

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232075 10-17-22

(Fo	HEDULE J rm 990) tment of the Treasury al Revenue Service	n 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
	e of the organization			Employer id			nber		
De		NEAR EAST FOUNI	DATION	13-16	52411	4			
Pa	rt I Question	s Regarding Compensation				Vaa	Na		
1a	Part VII, Section A, First-class or ch Travel for comp	line 1a. Complete Part III to provide a arter travel panions on and gross-up payments	ed any of the following to or for a person listed on Form 99 iny relevant information regarding these items. Housing allowance or residence for person Payments for business use of personal res Health or social club dues or initiation fees Personal services (such as maid, chauffeur	al use iidence		Yes	No		
b	If any of the boxes	on line 1a are checked. did the orgar	nization follow a written policy regarding payment or						
					1b				
2	•	•	ursing or allowing expenses incurred by all directors,		2				
	trustees, and office	rs, including the CEO/Executive Dir	rector, regarding the items checked on line 1a? ~-		2				
3	CEO/Executive Dire establish compens ^X Compensation Independent cor	ctor. Check all that apply. Do not che ation of the CEO/Executive Director	used to establish the compensation of the organization eck any boxes for methods used by a related organization , but explain in Part III. Written employment contract Compensation survey or study Approval by the board or compensation co	on to					
4	During the year, did organization or a rel	• •	VII, Section A, line 1a, with respect to the filing						
а	Receive a seve	rance payment or change-of-co	ontrol payment? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4a		X		
	•		ontal honquamoa fouromont plan.		4b 4c		X X		
С	If "Yes" to any of lir	nes 4a-c, list the persons and provide	d compensation arrangement? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		40		Λ		
5			nizations must complete lines 5-9. 1a, did the organization pay or accrue any compensation						
а	The			~~~~~~	5a		Х		
b	Any related or	janization? ~~~~~~~~~			5b		Х		
6			1a, did the organization pay or accrue any compensation						
а	The			~~~~~~	6a		Х		
b	Any related or	0			6b		Х		
		or 6b, describe in Part III.							
7	•		1a, did the organization provide any nonfixed payments		7		X		
8			escribe in Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		,				
0	-		on 53.4958-4(a)(3)? If "Yes," describe in Part III	~~~~~~	8		Х		
9	If "Yes" on line 8, o		ebuttable presumption procedure described in		9				

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

Schedule J (Form 990) 2022

232111 10-18-22

Schedule J (Form 990) 2022

13-1624114

Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN ASHBY	(i)	237,115.	0.	0.	18,295.	0.	255,410.	0.
CO-PRESIDENT & CFO	(ii)	Ο.	0.	Ο.	0.	Ο.	0.	0.
(2) SIMONA CECI	(i)	235,184.	0.	Ο.	18,295.	0.	253,479.	0.
CO-PRESIDENT	(ii)	Ο.	Ο.	Ο.	0.	Ο.	0.	0.
(3) CHARLES BENJAMIN	(i)	203,340.	0.	0.	16,352.	13,492.	233,184.	0.
FORMER CEO	(ii)	Ο.	0.	Ο.	0.	0.	0.	0.
(4) BAN SARAF	(i)	139,287.	0.	Ο.	11,143.	6,048.	156,478.	Ο.
PROGRAM DIRECTOR	(ii)	Ο.	Ο.	Ο.	Ο.	Ο.	0.	Ο.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L (Form 990) Department of the Treasury Internal Revenue Service	Complete if the	Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.											OMB No. 1545-0047 2022 Open To Public Inspection				
Name of the organization	1					1001				r identification number							
Part I Excess E		ST FOUNDAT		. sectio	n 501(c)(4), and sec	tion	501(c)(29) organ			241: /).	14						
					<u>t IV, line 25a or 25b,</u>												
1 (a) Name of disquali	ified person	(b) Relationship betw person and or			fied (d	c) De	escription of trans	saction		(d) Corr Yes			cted? No				
		porcon and or	gamze														
3 Enter the amount of Part II Loans to	of tax, if any, on li	ne 2, above, reimbo	ursed	by the	organization ~~~	~~~			~ \$								
	0	nswered "Yes" on F 990_Part X_line 5_6		,	Part V, line 38a or Fo	orm	990, Part IV, line	26; or	if the	organi	zation						
(a) Name of interested person	(b) Relation with organiza	ship (c) Purpose	(d) Lo	(d) Loan to or from the organization? (e) Original principal amoun			(f) Balance due		In ult?	(h) Approve by board o committee		ed (i) Writter					
	with organiza		organ To	From	pinicipai amount			Yes	No	Yes	No	Yes	No				
													<u> </u>				
Total • • • • • • • • • • • • • • • • • • •		Benefiting Inter			Ŷ												
		answered "Yes" on F															
(a) Name of intere	sted person	(b) Relationship interested pers the organiz	on and		(c) Amount of assistance		(d) Type assistan				e) Purpose of assistance						
									$\square$								
									+								

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule I	(Form 990) 2022
	· /

(a) Name of interested person	(b) Relationship between interested	b, or 28c.	(d) Decoription of	(e) Sharing
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organizatio revenues Yes
JENNIFER ABDELLA	FAMILY MEMBER OF TH	146,112.	JENNIFER AB	×
Part V Supplemental Information. Provide additional information for respon	nses to questions on Schedule L (see in	structions).		
CH L, PART IV, BUSINESS TF	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:	
A) NAME OF PERSON: JENNIF	ER ABDELLA			
B) RELATIONSHIP BETWEEN IN	ITERESTED PERSON AND	ORGANIZATI	ON:	
AMILY MEMBER OF THE ORGAN	IZATION'S FORMER CEC	)		
D) DESCRIPTION OF TRANSACT	TION: JENNIFER ABDEL	la is a fam	ILY MEMBER C	)F
HE FORMER CEO AND IS ALSO	EMPLOYED BY THE ORG	GANIZATION A	AS THE SENIC	R
PRACTICE AREA LEAD - ENVIR	ΟΝΜΈΝΤΑΙ. & ΝΑΤΊΙΒΑΙ. Β	ESOURCES		

Schedule L (Form 990) 2022

232132 11-01-22

10200501 784124 NEA004001

SCHEDULE O (Form 990)

(Form 990) Complete to provid Form 990 or 900 or 90

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 500-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

NEAR EAST FOUNDATION

Employer identification number 13-1624114

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

MIDDLE EAST AND AFRICA THROUGH EDUCATION, COMMUNITY ORGANIZATION, AND

ECONOMIC DEVELOPMENT.

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

MARGINALIZED PEOPLE AND COMMUNITIES TO CULTIVATE NEW SKILLS AND TO

ACCESS RESOURCES, NETWORKS, AND OPPORTUNITIES TO SHAPE A FUTURE WHERE

THEY CAN OVERCOME VULNERABILITY TO POVERTY, ECONOMIC AND SOCIAL

INEQUITY, CONFLICT, CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION.

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

MALI, MOROCCO, JORDAN, LEBANON,

SUDAN, OTHER COUNTRY, ARMENIA, SYRIA,

IRAQ, SOUTH SUDAN, UNITED KINGDOM, BELGIUM

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

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

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

DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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chedule O (Form 990) 2022 lame of the organization NEAR EAST FOUNDATION	Employer identification number 13-1624114
DUESTIONNAIRE EACH YEAR, DISCLOSING ANY CONFLICTS OF I	INTERESTS. A RESPONSE
S REQUIRED AND ANY POTENTIAL CONFLICTS ARE INVESTIGAT	ED AND BROUGHT TO THE
TTENTION OF THE CHAIRMAN, PRESIDENT, AND IF APPROPRIA	ATE, LEGAL COUNSEL.
ORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS TO SET EXECUTIVE COMPENSATION (PRESIDENT,	OFFICERS, & OTHER KEY
MPLOYEES) CONSISTS OF A REVIEW CONDUCTED BY THE NOMIN.	ATION, GOVERNANCE AND
COMPENSATION COMMITTEE OF THE BOARD. LEGAL COUNSEL IS	CONSULTED REGARDING
CERMS AND CONDITIONS. RECRUITING AGENTS MAY ALSO BE CO	ONSULTED TO DETERMINE
APPOPRIATE SALARIES. COMPARABILITY MEASURES INCLUDE 9	90'S FOR COMPARABLE
RGANIZATIONS, RECRUITERS, AND ALSO SURVEYS ON NOT-FOR	-PROFIT PAY PUBLISHED
BY BIRCHES GROUP.	
ORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST
OLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUES	ST.

### SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Inspection Employer identification number 13-1624114

2

OMB No. 1545-0047

Open to Public

22

Name of the organization

NEAR EAST FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEFDEV LLC - 20-4608646					
90 BROAD STREET, 15TH FLOOR					
NEW YORK, NY 10004	INACTIVE	NEW YORK			NEAR EAST FOUNDATION
NEAR EAST FOUNDATION UK LIMITED	TO BUILD COMMUNITIES IN				
32-36 LOMAN STREET	MIDDLE EAST/AFRICA THROUGH				
LONDON, UNITED KINGDOM	EDUCATION AND DEVELOPMENT	UNITED KINGDOM	7,772,203.	12,814,544.	NEAR EAST FOUNDATION
NEF BELGIUM SA	TO BUILD COMMUNITIES IN				
DREVE DU PRESSOIR, 38	MIDDLE EAST/AFRICA THROUGH				
BRUSSELS-FOREST, 1190, BELGIUM	EDUCATION AND DEVELOPMENT	BELGIUM	5,296,745.	7,349,024.	NEAR EAST FOUNDATION
NEF GLOBAL LLC - 86-2583606	TO OBTAIN US GOVERNMENT				
110 FAYETTE STREET, SUITE 710	SMALL BUSINESS CONTRACTS				
SYRACUSE, NY 13202	FOR NEF ORGANIZATION.	NEW YORK			NEAR EAST FOUNDATION

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

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

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

Schedule R (Form 990) 2022

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

organizations treated as a particular	rthership during the tax	cyear.		1											
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related	(e) ant income unrelated, om tax under 512-514)	Share	(f) e of total come	Sha end-o	g) are of of-year sets			(i) Code V-UI amount in b 20 of Sched K-1 (Form 10	3I ox ule (65)	(j) General o managin partner? Yes No	
	-														
	-														
	-														
	-														
	-														
rt IV Identification of Related Orgoriganizations treated as a construction of Related Orgoriganizations treated as a construction of Related Orgoriganization of Related	anizations Taxable as orporation or trust dur	a Corpora ing the tax	tion or Trust. Com year.	plete if the	organization	answer	ed "Yes" o	on Form	990, Part	IV, lin	e 34, I	because it ha	d one	e or mo	re relate
(a) Name, address, and E of related organizatio		Prim	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct cont entity		(e) Type of (C corp, s or tru	entity S corp,	(f) Share c inco	of total		(g) Share of end-of-year assets	Perc	(h) entage iership	(i) Secti 512(b) contro entit
											+				

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232162 09-14-22

Schedule R (Form 990) 2022 NEAR EAST FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions	with one or more rel	lated organizations listed in	Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from		0		1a						
b Gift, grant, or capital contribution to related organization(s)	~~~~~		~~~~~~~~~~~	1b						
c Gift, grant, or capital contribution from related organize	ation(s)	~~~~~~~~~~~~~~~~~		1c						
d Loans or loan guarantees to or for related organization	n(s) ~			1d						
e Loans or loan guarantees by related organization(s)	~~~~	~~~~~~~		1e						
f Dividends from related organization(s)	~~~~~~~			1f						
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
				1k						
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)	~~~~~~			10						
				10						
p Reimbursement paid to related organization(s) for	expenses	~~~~~~		1p 1q						
q Reimbursement paid by related organization(s) for	expenses	~~~~~		Ч						
	<i>.</i>			1r						
r Other transfer of cash or property to related organization s Other transfer of cash or property from related organization(s)				1s						
				10						
		is line, including covered re	ationships and transaction thresholds							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved						
(1)										
(2)										
(3)										
(4)										
	1	1								

(6) 232163 09-14-22

(5)

#### Schedule R (Form 990) 2022 NEAR EAST FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e Are	e)	(f)	(g)		h)	(i)	(j	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	nartne	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	
of entity		(state or foreign	(related, unrelated, excluded from tax under sections 512-514)	org		total	end-of-year		nate ations?	of Schedule K-1	partr	er? owner
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO
	_											
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Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 NEAR EAST FOUNDATION	13-1624114 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
232165 09-14-22	Schedule R (Form 990) 2022

10200501 784124 NEA004001

DocuSign Envelope ID: B7BA307D-F47A-4A80-B57D-DEC3C789F472

Form 8879-TE		IRS e-file Signature Authorization				OMB No. 1545-0047		
		<b>F</b>	for a Tax Exemp 22, or fiscal year beginning <u>JUL 1</u> , 202		)			
_	2022							
	ent of the Treasury Revenue Service		Do not send to the IRS. Keep fo Go to www.irs.gov/Form8879TE for th	ne latest information.		_		
Name o					EIN or SSN			
	NEAR E	AST FOUNDA			13-16	524114		
	nd title of officer or pe		JOHN ASHBY CO-PRESIDENT & CFO					
Part	I Type of	Return and Ret	urn Information					
Form 5 or 10a whiche	330 filers may ente below, and the amo	r dollars and cents. ount on that line for	using this Form 8879-TE and enter the a For all other forms, enter whole dollars o the return being filed with this form was ). But, if you entered -0- on the return, the	nly. If you check the box o blank, then leave line 1b,	n line 1a, 2a, 3 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,		
1a	Form 990 check	here ~~~ X	b Total revenue, if any (Form 990, Pa		,	1b ² 0,135,222.		
2a	Form 990-EZ che		b Total revenue, if any (Form 990-E2			2b		
3a	Form 1120-POL		b Total tax (Form 1120-POL, lir			3b		
4a	Form 990-PF che		b Tax based on investment income (	, ,	,	4b		
5a	Form 8868 check		b Balance due (Form 8868, lin b Total tax (Form 990-T, Part III, line			5b		
6a Zo	Form 990-T chec		b Total tax (Form 990-1, Part III, line b Total tax (Form 4720, Part III, line 1			6b		
7a 8a	Form 4720 check Form 5227 check		b FMV of assets at end of tax year (1			7b 8b		
оа 9а	Form 5330 check		b Tax due (Form 5330, Part II, line 19	, ,		9b		
10a			b Amount of credit payment requested	·	II line 22)	10b		
Part			ure Authorization of Officer or I					
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN), and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and								
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.								
PIN: cł	neck one box only							
X lauthorize BONADIO & CO., LLP to enter my					to enter my P			
ERO firm name						Enter five numbers, but do not enter all zeros		
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.								
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the								
IRS Fed/State program, I will enter myDPthNsignethley return's disclosure consent screen. 5/1/2024								
Signature Part	of officer or person subje	tion and Authe			Date			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification       16605213204         number (EFIN) followed by your five-digit self-selected PIN.       Do not enter all zeros								
submitt			I, which is my signature on the 2022 elect quirements of Pub. 4163, Modernized e-	•				
ERO's si	gnature KAI	REN NASONI		Date	04/15/24			
ERO Must Retain This Form - See Instructions								
			ubmit This Form to the IRS Unle	ess Requested To D	o So	0070 <del>7</del> 5		
LHA       For Privacy Act and Paperwork Reduction Act Notice, see instructions.       Form 8879-TE (2022)								
202521 12-16-22								

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