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DLN: 93493132029062

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

					шэр	ection
B Che	eck if a	applicable C Name of organization NEAR EAST FOUNDATION	11	D Employer	identification	n number
		Doing Business As		E Telephone		
Initi	ıal retu	IM Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	(212)71		
		11 EAST 61ST STREET	Noom, saice		pts \$ 3,684,183	3
_	MEAN EAST FOUNDATION Domg Business Answer In EAST SEST FOUNDATION Domg Business Ass Evaluation Number and street (or P.O. box if mail is not delivered to street address) It EAST SEST STREET City as fown, state or country, and ZIP + 4 IN EAST SEST STREET NEW YORK, NY 10065 F. Name and address of principal officer CHARLES BENJAMIN IL EAST SEST STREET NEW YORK, NY 10065 IT SET SEST THE TO NEW YORK AND THE ASS SEST STREET NEW YORK, NY 10065 IN EXEMPTION TO SET THE TO NEW YORK AND THE ASS SEST STREET NEW YORK AND THE ASS SEST SEST SEST SEST SEST SEST SEST				pts \$ 5,004,105	,
			H(a) Is this	a group return for affi	liates? Yes	┌ No
					_	- –
			If "N	affiliates included o," attach a lis	st (see instr	Yes No
I Tax	k-exen	npt status	H(c) Grou	ip exemption r	number F	
J W	ebsite	e: ► WWW NEAREAST ORG				
K Forn	n of or	rganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of fo	rmation 1930	M State of leg	al domicile NY
Pa	rt I	Summary				
Activities & Governance	2 3 4 5	LIFE THROUGH EDUCATION, JOB TRAINING, AND LITERACY PROGRAMS THROUGH COMMUNITY ORGANIZING AND INSTITUTIONAL STRENGTH ECONOMIC OPPORTUNITIES THROUGH ENTERPRISE DEVELOPMENT, MAND NATURAL RESOURCE MANAGEMENT Check this box If the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)	S, HELPING AI ENING INITIA IICRO-CREDI d of more than 2 . b)	MPLIFY THEII TIVES, AND Γ AND IMPRO 25% of its net	R COLLECTI CREATING VED AGRIC	IVE VOICE
				7a 7b		0
			Prio	r Year	Curren	t Year
a.	8	Contributions and grants (Part VIII, line 1h)		7,168,724		3,427,209
Revenue				290,127		228,898
Нэу			•	10,207		7,255
			ne ———	8,294		13,506
				7,477,352		3,676,868
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		1,716,792		935,353
				0		0
8	15		•	1,441,598		1,146,405
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,520				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,918,411		1,496,610
	18			5,076,801		3,578,368
02	19	Revenue less expenses Subtract line 18 from line 12		2,400,551		98,500
Not Assets or Fund Balances				g of Current 'ear	End of	f Year
ese Befe	20	Total assets (Part X, line 16)		4,549,520		4,768,911
18 P	21	Total liabilities (Part X, line 26)		503,410		560,826
				4,046,110		4,208,085
Par Under knowl	t III pena edge edge.	Signature Block alties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than office.)	cer) is based on	tatements, and		of my
Here						
		Print/Type Preparer's signature preparer's name MARTIN GREIF MARTIN GREIF	Date	Check if self- employed •	PTIN	
Paid	ŀ	Firm's name MCGLADREY LLP		p.o., cu r	Firm's EIN)
Prepa Use (arer	Firm's address 1185 AVENUE OF THE AMERICAS			Phone no	(212) 372-
use (ן niy	NEW YORK, NY 100362602			1000	(212) 3/2-

Form	990 (2010) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	NEAR EAST FOUNDATION ORGANIZES HIGHLY VULNERABLE COMMUNITIES IN THE MIDDLE EAST AND AFRICA TO ACHIEVE IAL WELL-BEING, ECONOMIC SECURITY AND GOOD GOVERNANCE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 901,939 including grants of \$ 10,468) (Revenue \$ 198,884)
	PROGRAMS TARGETED ON NATURAL RESOURCE MANAGEMENT AND ADAPTIVE AGRICULTURE TO IMPROVE SUSTAINABILITY, OUTPUT AND PROVIDE ECONOMIC DEVELOPMENT TO RURAL COMMUNITIES NEF STAFF MEMBERS HELP FARMERS, POLICY-MAKERS, AND NATURAL RESOURCE-DEPENDENT POPULATIONS UNDERSTAND AND ADAPT TO CLIMATE CHANGE, ADOPT MORE EFFICIENT PRODUCTION METHODS, BUILD FOOD SECURITY, INCREASE INCOME, AND CONSERVE NATURAL RESOURCES THESE PROGRAMS INCLUDE - A PILOT AGRICULTURE EXTENSION IN EGYPT WHERE 2500 FARMING FAMILIES RESETTLED FROM THE NILE FLOODPLAIN TO THE SOUTHWESTERN DESERT ADAPT FARMING TECHNIQUES AND CROPS - ADAPTIVE TECHNIQUES AND NRM AFFECTING APPROX 50,000 PEOPLE IN RESPONSE TO CHANGES IN RAINFALL, TEMPERATURE AND RIVER FLOW THE NIGER RIVER PLAINS OF MALI - A PROGRAM HELPING THOUSANDS OF SMALL FARMERS IN ARID EASTERN MOROCCO USE AGRICULTURAL WATER MORE EFFICIENTLY, MORE PRODUCTIVELY, AND MORE PROFITABLY INCLUDING THE IDENTIFICATION OF COMMERCIALLY VIABLE CROPS & UNDERSTANDING OF MARKET LINKAGES
	(C. I
4b	(Code) (Expenses \$ 1,291,870 including grants of \$ 918,281) (Revenue \$ 30,014) PROGRAMS TARGETED AT CIVIC INVOLVEMENT - EDUCATION IS A CRITICAL PART OF EVERY NEF PROJECT AND IS VITAL TO ACHIEVING LONG-TERM CHANGE NEF AND ITS LOCAL PARTNERS TRAIN CITIZENS TO BECOME BETTER CIVIC LEADERS, HELP COMMUNITY GROUPS TAKE COLLECTIVE ACTION, AND SUPPORT GOVERNMENTS IN ADDRESSING CONSTITUENT NEEDSWITH A FOCUS ON AMPLIFYING THE VOICE OF YOUTH IN PUBLIC DECISION-MAKING THESE PROGRAMS INCLUDE - A YOUTH DEVELOPMENT PROGRAM IN THE PERI-URBAN SLUMS OF CASABLANCA TRAINING YOUNG PEOPLE AND SUPPORTING YOUTH GROUPS - PROGRAMS IN EGYPT ON YOUNG WOMEN'S LEADERSHIP AND VULNERABLE 12-18 YEARS ON REPRODUCTIVE HEALTH - A PROGRAM IN SOUTHERN MOROCCO TO INCREASE GIRLS' PRIMARY SCHOOL ATTENDANCE (INCREASED FROM 10% TO 98%) AND COMPLETION RATES FOR ALL CHILDREN BY 40%
4c	(Code) (Expenses \$ 741,479 including grants of \$ 3,477) (Revenue \$) CREATING JOBS AND GENERATING INCOME IS AT THE HEART OF NEFS WORK TO HELP BREAK THE CYCLE OF POVERTY NEF HELPS PEOPLE IN RURAL AND URBAN COMMUNITIES PLAN, ESTABLISH, AND MAINTAIN THEIR OWN SMALL BUSINESSES BY PROVIDING TRAINING, MENTORING, AND FINANCING THAT DELIVER INCREASED INCOME IN THE SHORT TERM AND LONG-TERM SUSTAINABILITY NEF PLACES A SPECIAL EMPHASIS ON HELPING WOMEN AND YOUNG PEOPLE LIFT THEMSELVES AND THEIR FAMILIES OUT OF POVERTY BY OVERCOMING TRADITIONAL BARRIERS TO EMPLOYMENT AND ENTREPRENEURSHIP THESE PROGRAMS INCLUDE - HELPING RURAL COMMUNITIES IN ARMENIA, WHERE 1 IN 4 IS WITHOUT A JOB, DEVELOP BUSINESSES E G 20 IT CENTERS DEVELOPED ON A FRANCHISE MODEL - A PROJECT WORKING IN 6 OF THE POOREST REGIONS OF JORDAN TRAINING LOCAL COMMUNITY ASSOCIATIONS IN ORGANIZATION AND THE CREATION OF COMMUNITY BASED BUSINESSES, HARNESSING THE PRIVATE SECTOR TO STIMULATE AND SUSTAIN ECONOMIC DEVELOPMENT - HELPING WOMEN'S ASSOCIATIONS IN JORDAN AND PALESTINE DEVELOP BUSINESSES AND TRAINING THEM IN BASIC BUSINESS MANAGEMENT SKILLS SUCH AS BOOKKEEPING
A al	Other was were compact. (December in Cabadula O.) See also Additional Data for December.
4d	Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 190,575 including grants of \$ 3,127) (Revenue \$)
4e	Total program service expenses►\$ 3,125,863
	i atai, piagianii aartiisa anpanaasi y

2:1144 CHECKHSI OF REQUIFED SCHEUUR	Checklist of Required	Schedule ⁴
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	, , , , ,	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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 Tyes V No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	_

Form	990 (2010)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u> .ァ	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7	,		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?]	 	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►MO, JO, EG, ML, SU, OC See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
		<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?	-		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	; 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
8	Form 1098-C?	/n		
-	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans	_		
C	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

Νo

14a

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
11-	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
114	has the organization provided a copy of this Form 990 to an members of its governing body before ming the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JOHN ASHBY

432 CROUSE HINDS HALL 900 S CROUSE SYRACUSE, NY 13244

(212)710-5588

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

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

1a Complete this table for all persons required to be listed 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	ation nor any re	lated or	ganız	zatio	n co	mpen	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) (C) (D) (E) Average Position (check all hours that apply) compensation from the from related				(F) Estimated amount of other					
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC) MISC)		compensation from the organization and related organizations
(1) SHANT MARDIROSSIAN CHAIRMAN	1 00	Х		х				0	0	0
(2) HAIG MARDIKIAN SECRETARY	1 00	Х		Х				0	0	0
(3) AMIR FARMAN- FARMA DIRECTOR	1 00	Х						0	0	0
(4) JOHNSON GARRETT VICE CHAIRMAN	1 00	Х						0	0	0
(5) JOHN GRAMMER - THRU 102910 DIRECTOR	1 00	х						0	0	0
(6) TAREK YOUNES DIRECTOR	1 00	Х						0	0	0
(7) LINDA JACOBS DIRECTOR	1 00	х						0	0	0
(8) BILL SULLIVAN DIRECTOR	1 00	Х						0	0	0
(9) MEHRZAD BOROUJERD DIRECTOR	1 00	х						0	0	0
(10) MATTHEW QUIGLEY - FROM 62211 DIRECTOR	1 00	Х						0	0	0
(11) CHARLES BENJAMIN PRESIDENT	40 00	х		х				95,833	0	13,532
(12) LUCY BERKOWITZ VICE PRESIDENT OF FINANCE	30 00			х				113,412	0	6,166
(13) RICHARD ROBARTS PRESIDENT EMERITUS	1 00			х				8,990	0	0

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

	(A) Name and Title A verage hours per (B) (C) Position (check all that apply) per (D) Reportable compensation compensation from the from related											(F) Estima amount o compens	ated fother
	week (describe hours for related organizations in Schedule O) Week (describe hours for related organizations in Schedule O)												the ion and ed itions
											+		
1b	Sub-Total					•		•					
c d	Total from continuation sheets Total (add lines 1b and 1c) .	to Part VII, Sec						 	218,235	0			19,698
2	Total number of individuals (incl \$100,000 in reportable compen	udıng but not lın	nıted to	thos	e lıs) who	received more tha	an			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					еу е •	mploy •	ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line a organization and related organization and related organization.												1
5	Did any person listed on line 1a services rendered to the organiz		-				-		_	or individual for	4		No_
	services rendered to the organiz	ation in tes,	complet	e scr	reaur	e	OI SUCI	i per:	5011	. [5		No
Se1	ction B. Independent Con Complete this table for your five	highest comper		ındep	ende	ent o	contra	tors	that received mor	e than			
	\$100,000 of compensation from	the organizatio (A) ne and business ad							Desc	(B) ription of services		(C Comper	
											\pm	· ·	
											\exists		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0													

Daniel I		2010)					Р	age 9
Part '	V1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
w w	1a	Federated campaigns	1 a					512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	Membership dues	. 1b 1c					
tributions, other simil	e f		1e , and 1f e	1,668,170 1,759,039 18,175				
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	3,427,209			
Program Service Revenue	b	PROGRAM FEES		900099	228,898	228,898		
) Serwce	d e							
Program		All other program service re Total. Add lines 2a-2f			228,898			
	3	Investment income (including and other similar amounts) Income from investment of tax-ex	empt bond proceeds		5,770			5,77
	6a b	Royalties	(ı) Real	(II) Personal				
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory		(II) O ther 8,800				
	c	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		1,485	1,485			1,48
Other Revenue	8a	Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18	ng events line 1c)		<u> </u>			·
Other		Less direct expenses . Net income or (loss) from fu						
	b c	Less direct expenses . Net income or (loss) from ga		b				
	ь	Gross sales of inventory, les returns and allowances . Less cost of goods sold .	a . b					
		Net income or (loss) from sa Miscellaneous Revenue MISC INCOME	les of inventory •	Business Code	13,506			13,50
	b c d							
		Total. Add lines 11a-11d			13,506			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do no	other organizations must complete column (x) but are not required to coop, or include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	935,353	935,353					
4	Benefits paid to or for members			1				
5	Compensation of current officers, directors, trustees, and key employees	242,930	195,538	33,748	13,644			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	700,503	563,845	97,314	39,344			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	28,946	19,878	7,483	1,585			
9	Other employee benefits	153,987	103,903	41,670	8,414			
10	Payroll taxes	20,039	13,869	5,071	1,099			
а	Fees for services (non-employees) Management							
b	Legal	22,729		22,729				
С	Accounting	105,182		105,182				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other	446,515	430,714		15,801			
12	Advertising and promotion	14,142	14,142					
13	Office expenses	60,745	52,274	5,530	2,941			
14	Information technology							
15	Royalties							
16	Occupancy	106,026		10,752	8,049			
17	Travel	171,006	147,302	22,996	708			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	7,331	5,945	227	1,159			
20	Interest							
21	Payments to affiliates	27.040	27.040					
22	Depreciation, depletion, and amortization	27,810	27,810					
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				_			
a	EQUIPMENT	248,680	244,721	3,337	622			
b	TRAINING & TECH ASS'T	217,075	217,075	 				
c	MISCELLANEOUS	46,016	42,916	 	154			
d	AGRICULTURAL EXPENSE	18,642	18,642	, , ,				
e	BAD DEBT EXPENSE	4,711	4,711		_			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	3,578,368	3,125,863	358,985	93,520			
26	Joint costs. Check here ► ☐ if following	, 11,120	, ==,===	1 1	-,			
	SOP 98-2 (ASC 958-720) Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							
	· · · · · · · · · · · · · · · · · · ·	•	•					

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 2 936,574 2 Savings and temporary cash investments 732,168 293,638 650,074 3 3 158,728 4 108,903 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges 15,590 9 16,626 10a Land, buildings, and equipment cost or other basis Complete 591,401 Part VI of Schedule D 10a 10b 540.307 59.592 51.094 b Less accumulated depreciation 10c 3.231.577 2.941.246 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 58.227 15 64,394 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4,549,520 16 4,768,911 **17** 380,492 17 549.587 Accounts payable and accrued expenses . 18 18 122.918 19 19 11,239 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 503.410 26 560.826 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 426,543 27 174,689 Temporarily restricted net assets 395,214 859, 193 28 28 Fund 3,224,353 3,174,203 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 4,046,110 4,208,085 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 4.549.520 4.768.911 34

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.6	576,86
2	Total expenses (must equal Part IX, column (A), line 25)	2			578,36
3	Revenue less expenses Subtract line 2 from line 1	3			98,50
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	046,11
5	Other changes in net assets or fund balances (explain in Schedule O)	5			63,47
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,2	208,08
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	·	20	165	
u	on a separate basis, consolidated basis, or both	ssueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the laudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493132029062

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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. See separate instructions.

Inspection

Name of the organization NEAR EAST FOUNDATION

Provide the following information about the supported organization(s)

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Type of organization (described on ines 1- 9 above or IRC section (see		(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support		
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	oction A Bublic Support	organization i	ans to quanty a	naci the tests i	isted below, pr	case co	inpiete i	<u>arc III.</u>			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,482,037	6,230,366	4,058,708	7,160,124	3	,427,209	24,358,444			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4 5	Total. Add lines 1 through 3 The portion of total contributions	3,482,037	6,230,366	4,058,708	7,160,124	3	,427,209	24,358,444			
	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							7,112,450			
6	(f) Public Support. Subtract line 5 from line 4							17,245,994			
S	ection B. Total Support	•	•	•			•				
	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20		(f) Total			
7	A mounts from line 4	3,482,037	6,230,366	4,058,708	7,160,124	3	,427,209	24,358,444			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,122	22,648	15,351	10,640		5,770	73,531			
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	39,965	40,593	3,655	25,668		13,506	123,387			
11	Total support (Add lines 7 through 10)							24,555,362			
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		1,505,542			
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	ation, ▶/			
S	ection C. Computation of Pul	olic Support P	ercentage								
14	Public Support Percentage for 201			11 column (f))		14		70 230 %			
15	Public Support Percentage for 200	9 Schedule A, Pai	t II, line 14			15		65 230 %			
b	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization	alifies as a publicl e organization did n qualifies as a pu	y supported orga not check the bo blicly supported	nization k on line 13 or 16: organization	a, and line 15 is	33 1/3%	or more, o	▶ ▼			
	10%-facts-and-circumstances tests is 10% or more, and if the organization medorganization medorganization 10%-facts-and-circumstances tests 15 is 10% or more, and if the organization explain in Part IV how the organization	tion meets the "fa ets the "facts and — 2009. If the orga nization meets the	ects and circumst circumstances" inization did not d e "facts and circu	ances" test, chec test The organiza check a box on line mstances" test, c	k this box and s ition qualifies as e 13, 16a, 16b, o heck this box an	t op here. a publici or 17a ar id stop h e	Explain y support id line ere.	ed ▶⊏			
18	supported organization	Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see									

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

Additional Data

Software ID: Software Version:

EIN: 13-1624114

Name: NEAR EAST FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 190,575 including grants of \$ 3,127) (Revenue \$

PROGRAMS TARGETED AT BUILDING PEACE THROUGH ECONOMIC COOPERATION IN AREAS AFFECTED BY CONFLICT, NEF PROMOTES PEACE BY BUILDING STRONG RELATIONSHIPS OF TRUST, MUTUAL UNDERSTANDING, AND SHARED ECONOMIC INTEREST THROUGH COLLABORATIVE BUSINESS ACTIVITIES AND GRASSROOTS ECONOMIC COOPERATION, AND BY STRENGTHENING CONFLICT MANAGEMENT SKILLS IN PRACTICAL WAYS THAT APPLY TO SUCH ISSUES AS LAND USE A NEW FOCUS IN FY11 WITH MORE PROGRAMS IN FY12, THESE PROGRAMS INCLUDE - HELPING EXCOMBATANTS IN SUDAN'S SOUTH KORDOFAN FIND ALTERNATIVE LIVELIHOODS

DLN: 93493132029062

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization R EAST FOUNDATION		Employer identification number				
			13-	1624114			
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts. Com	olete if the		
		(a) Donor advised funds	((b) Funds and other acc	ounts		
•	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	3	or advi	rsed T Y e	s No		
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				s 「No		
a	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, line 7	<u>'. </u>		
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certifie	d historic structure	area		
				Held at the End of	the Year		
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by th	ne organization during			
	the taxable year ▶						
	Number of states where property subject to conserva	ation ascament is located .					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, hand		violations, and Ye	s 「No		
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year ►			
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durin	g the year ► \$			
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion	┌ Ye	s No		
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial					
211	t III Organizations Maintaining Collectio		or Ot	har Similar Assate	•		
:1	Complete if the organization answered '	"Yes" to Form 990, Part IV, line 8.	J. J.	nei ominai Assets	••		
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch in fu				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i					
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			► \$			
<u>.</u>	If the organization received or held works of art, histo	orıcal treasures, or other sımılar assets fo	or finan	cial gain, provide the			
	following amounts required to be reported under SFA			- ,,			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	cal Tre	easur	es, or O	ther	r Similar	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_		se of its co	llection	1	
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	/ further	the or	rganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicities	or receive donations	s of ar	t his	torical t	reacur	es or other	cım	ılar			
•	assets to be sold to raise funds rather than t								iiui	Γ	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	Y" t	es" to For	m 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions o	r other ass	ets n	iot	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able		_					
							-	_		Amou	int	
с	Beginning balance						-	1c				
d	Additions during the year						—	1d				
e	Distributions during the year						⊢	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete											
	Danish and the same halones	(a)Current Year 3,168,678	(b)Prior	Year 272,971	(c) Tw	o Years Back 172,97	_	Three Years	Back (e)Four Y	ears Back
1a	Beginning of year balance	3,100,070					•					
b	Contributions	11 201		3	,000,000		100,00	<u> </u>				
С	Investment earnings or losses	11,281			6,739			+				
d	Grants or scholarships	250 504			444.000			+				
е	Other expenditures for facilities and programs	260,621			111,032							
f	Administrative expenses							+				
q	End of year balance	2,919,338		3	,168,678		272,97	1				
2	Provide the estimated percentage of the yea	r end balance held	as									
– a	Board designated or quasi-endowment	Tema barance nera	45									
_												
b	Termanent endowment F											
с Э-	Term endowment ►		4				J		LL -			
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tilat a	ire neid	and ac	ımımısteret	1 101 1	tne		Yes	No
	(i) unrelated organizations									3a(i)	Yes	
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	nds							
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, line	10.	1			
	Description of investment				ı) Cost or sıs (ınvest		(b)Cost or o		(c) Accum deprecia		(d) B	ook value
1a	_and											
Ь	Buildings											
	easehold improvements											
d I	Equipment						583	3,696		533,334		50,362
	Other							, 7,705		6,973	 	732
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B.), line	10(c).)		1			•		51,094
	. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	. ,							ule D (F	orm 9	90) 2010

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

Second S	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,676,868
Net unrealized gams (losses) on investments 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,578,368
Donated services and use of facilities	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	98,500
For proper of adjustments	4	Net unrealized gains (losses) on investments	4	11,281
Prior period adjustments	5	Donated services and use of facilities	5	
8 St. 194 9 Total adjustments (net) Add lines 4 - 8 9 63.475 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 161.975 10 161	6	Investment expenses	6	
Part Add Innex Add I	7	Prior period adjustments	7	
Package Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Package Total Reconciliation of Revenue per Audited Financial Statements With Revenue per Revenue Total Reconciliation of Revenue per Audited Financial Statements With Revenue Rev	8	Other (Describe in Part XIV)	8	52,194
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 161,975 161,975 17 17 17 17 17 17 17	9		9	63,475
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 3,784,142 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2b 97,478 Donated services and use of facilities 2c 2d 11,281 Donated services and use of facilities 2c 2d 2d Other (Describe in Part XIV) 2d 2d 2d 2d 2d 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 2a 10,8759 3 3,675,383 Amounts included on Form 990, Part VIII, line 12, but not on line 1 2a 1,485 2d 2d 2d 2d 2d 2d 2d 2	10		10	161,975
Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	Par	· · · · · · · · · · · · · · · · · · ·	er R	eturn
Net unrealized gains on investments 2a	1	Total revenue, gains, and other support per audited financial statements	1	3,784,142
b Donated services and use of facilities 2b 97,478 4 c Recoveries of prior year grants 2c 2d 2c d Other (Describe in Part XIV) 2d 2e 108,759 3 Subtract line 2e from line 1 3 3,675,383 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 3 3,675,383 4 Amounts included on Form 990, Part VIII, line 7b 4b 1,485 4c 1,485 b Other (Describe in Part XIV) 4b 1,485 4c 1,485 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,676,886 Part XIII Reconciliation of Expenses per Audited Financial Statements 4c 1,485 5 Total expenses and losses per audited financial statements 1 3,622,167 1 Total expenses and use of facilities 2a 97,478 a Donated services and use of facilities 2b 97,478 b Prior year adjustments 2b 2e 97,478 <	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 4 4 4 4 4 4 4 4 4 4 4 108,759 3 3 3,675,883 3 3,675,883 3 3,675,883 3 3,675,883 3 3,675,883 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4 4 1,485 4 1,485 4 1,485 4 1,485 5 6 1,485 4 1,485 5 7 7 4a 1,485 1,485 6 1,485 6 1,485<	a	Net unrealized gains on investments		
Mathematical Content Part XIV Part XIV Mathematical Content Part XIV Part X	b	Donated services and use of facilities		
e Add lines 2a through 2d 2e 108,759 3 Subtract line 2e from line 1 3 3,675,383 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4c 4c a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 1,485 b Other (Describe in Part XIV) 4b 1,485 4c 1,485 c Add lines 4a and 4b 4c 1,485 5 3,676,868 Fotal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,676,868 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Preturn 1 Total expenses and losses per audited financial statements 1 3,622,167 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 97,478 b Prior year adjustments 2b 97,478 c Other (Describe in Part XIV) 2d 97,478 d Other (Describe in Part XIV) 2 2 97,478 3	C	Recoveries of prior year grants		
3 Subtract line 2e from line 1 (Amounts included on Form 990, Part VIII, line 12, but not on line 1 (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Form 990, Part VIII, line 7b (Amounts included on Ine 1 but not on Form 990, Part IX, line 25 (Amounts included on line 1 but not on Form 990, Part IX, line 25 (Amounts included on Ine 1 but not on Form 990, Part IX, line 25 (Amounts included on Ine 1 but not on Form 990, Part IX, line 25 (Amounts included on Ine 1 but not on Form 990, Part IX, line 25 (Amounts included on Ine 1 but not on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25 (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included on Form 990, Part IX, line 25, but not on line 1: (Amounts included included included included included inclu	d	Other (Describe in Part XIV) 2d		
A mounts 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 .	e	Add lines 2a through 2d	2e	108,759
Note	3	-	3	3,675,383
b Other (Describe in Part XIV) 4b 1,485 c Add lines 4a and 4b 4c 1,485 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,676,868 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 3,622,167 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 97,478 4 b Prior year adjustments 2b 97,478 4 c Other losses 2c 97,478 4 d Other (Describe in Part XIV) 2d 97,478 2 3 Subtract line 2e from line 1 3 3,524,689 3 3,524,689 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 53,679 b Other (Describe in Part XIV) 4b 53,679 c Add lines 4a and 4b 4c 53,679 5 3,578,368	4			
c Add lines 4a and 4b	а			
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements		-		
Total expenses and losses per audited financial statements			_	
statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 97,478 b Prior year adjustments 2b 2c c Other losses 2c 3 d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 2c 3 3 Subtract line 2e from line 1 3 3,524,689 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,524,689 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 53,679 c Add lines 4a and 4b 4c 53,679 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 3,578,368			per	
Donated services and use of facilities	_		1	3,022,107
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses 2c 4 d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 2e 97,478 3 Subtract line 2e from line 1 3 3,524,689 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 53,679 c Add lines 4a and 4b 53,679 4c 53,679 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 3,578,368	а	Donated services and use of facilities		
d Other (Describe in Part XIV)	b	Prior year adjustments		
Add lines 2a through 2d	C	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	97,478
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line 2e from line 1	3	3,524,689
b Other (Describe in Part XIV) 4b 53,679 c Add lines 4a and 4b 4c 53,679 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 3,578,368	4			
c Add lines 4a and 4b	а			
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b			
			5	3,578,368

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF INVESTMENTS TO BE HELD IN PERPETUITY IN FUNDS AND CHARITABLE TRUSTS FOR THE PURPOSE OF GENERATING INCOME FOR THE GENERAL PURPOSE OF NEF
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE PROBABLE OF BEING SUSTAINED INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE FOUNDATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 501 THE FOUNDATION DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2011 AND 2010 MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
PART XI, LINE 8 - OTHER ADJUSTMENTS		FOREIGN EXCHANGE GAIN 52,194
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF FIXED ASSETS 1,485
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FOREIGN EXCHANGE GAIN 52,194 GAIN ON DISPOSAL OF FIXED ASSETS 1,485

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029062

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

FΛ	R EAST FOUNDATION					
	REAST TOUNDATION				13-1624114	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States.	Complete if the organiz	zation answered
1	For grantmakers. Does the assistance, the grantees' elithe grants or assistance?	organization n gibility for the	naıntaın record grants or assı	stance, and the selec	tion criteria used to aw	
2	For grantmakers. Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	MIDDLE EAST AND NORTH AFRICA	5	16	PRO GRAM	SOCIAL / ECONOMIC DEVELOPMENT	2,194,929
	NORTH AMERICA			PROGRAM SERVICES	SOCIAL/ECONOMIC DEVELOPMENT	4,915
	SOUTH ASIA	4	34	PROGRAM SERVICES	SOCIAL/ECONOMIC DEVELOPMENT	971,112
	Sub-total	9	50			3,170,956
t	Total from continuation sheets	1 -	I	1	1	

50

3,170,956

Sch	edule F (Form 990	0)2010							Page 2
Pa	Part IV,	line 15, for any	istance to Organ recipient who rece space is needed.	izations or Entiti eved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x If no one recipient	plete if the organiza received more tha	tion answered "Yes n \$5,000	" to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, re	ecogniz	:ed	as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter.			

20

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
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-			 I		,		
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANTS ARE AWARDED ONLY IF THEY ARE AN INTEGRAL PART OF ACHIEVING THE PROGRAM'S PURPOSE. SPECIFIC CRITERIA FOR DETERMINING ELIGIBILITY AND AWARDING GRANTS ARE SET ON AN INDIVIDUAL PROJECT BASIS LOCAL NEF PROJECT MANAGEMENT WILL EVALUATE AND MONITOR EACH GRANTEE. GRANTS ARE DISBURSED AS EFFICIENTLY AS POSSIBLE - IF APPROPRIATE NEF WILL PAY THE VENDOR FOR THE SUPPLIES

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 13-1624114

Name: NEAR EAST FOUNDATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV , appraisal, other)
	1		WHEEL CHAIT/SHARJA	6,934	BANK TRANSFER			
	1	NORTH AFRICA	EMERGENCY RESPONSE FOR AL- BATHAN PASTURE LOSS (COST OF SEEDS)	43,142	CHECK			

, Form 990 Scheav	ue r Part II	- Grants or Entitie	s Outside The Un	ited States			orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)								
		NORTH AFRICA	EMERGENCY RESPONSE FOR AL- BATHAN PASTURE LOSS	· / /	CHECK											
			COMMUNITY DEVELOPMENT	572	CHECK											

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			COMMUNITY DEVELOPMENT	1,239	CHECK						
		NORTH AFRICA	INFRASTRUCTURE GRANT WATER TANKS FOR SCHOOLS	6,867	CHECK						
1											

, Form 990 Schedu	ale F Part II	- Grants or Entition	es Outside The Uni	ited States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	322,546	CHECK			
		NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	41,211	CHECK			

, Form 990 Schedu	ale F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
	1	NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	62,204	CHECK			
	1	NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	288,197	CHECK			

, Form 990 Schedu	Ale F Part II	- Grants or Entitie	es Outside The Un	ited States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	53,672	CHECK			
	1	NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	31,814	CHECK			

, Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Un	ited States	_		_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AFRICA	INCOME GENERATING GRANT - CONSTRUCTION WORK, EQUIPMENT & SUPPLIES	42,020	CHECK			
		NORTH AFRICA	SUPPORTING YOUTH SPORT COMPLETION ACTIVITY	1,667	CASH			

Form 990 Scheau	le F Part II	- Grants or Entitle	is Outside The Un	ited States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CREDIT FUND	2,551	CHECK			
		SOUTH ASIA	CREDIT FUNDS	2,551	CHECK			
1	'			•	•	·	•	·

Form 990 Schear	-orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		SOUTH ASIA	CREDIT FUNDS	2,551	CHECK					
		SOUTH ASIA	CREDIT FUNDS	2,551	CHECK					
	•	•	,	•	•	•	•	•		

Form 990 Scheau	le F Part II	- Grants or Entitie	s Outside The Un	itea States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CREDIT FUNDS	3,127	CHECK			
		MIDDLE EAST AND NORTH AFRICA	CREDIT FUNDS	14,394	CHECK			

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As Filed Data -

DLN: 93493132029062

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization NEAR EAST FOUNDATION **Employer identification number**

13-1624114

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	PROGRAMS TARGETED AT BUILDING PEACE THROUGH ECONOMIC COOPERATION IN AREAS AFFECTED BY CONFLICT, NEF PROMOTES PEACE BY BUILDING STRONG RELATIONSHIPS OF TRUST, MUTUAL UNDERSTANDING, AND SHARED ECONOMIC INTEREST THROUGH COLLABORATIVE BUSINESS ACTIVITIES AND GRASSROOTS ECONOMIC COOPERATION, AND BY STRENGTHENING CONFLICT MANAGEMENT SKILLS IN PRACTICAL WAYS THAT APPLY TO SUCH ISSUES AS LAND USE A NEW FOCUS IN FY11 WITH MORE PROGRAMS IN FY12, THESE PROGRAMS INCLUDE - HELPING EXCOMBATANTS IN SUDAN'S SOUTH KORDOFAN FIND ALTERNATIVE LIVELIHOODS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ONCE NEF MANAGEMENT HAS COMPLETED THE FORM 990 IN DRAFT, IN CONSULTATION WITH THE ORGANIZATION'S TAX PREPARERS, NEF MANAGEMENT WILL PROVIDE THE DRAFT FORM TO THE NEF AUDIT COMMITTEE AHEAD OF A MEETING OF THIS COMMITTEE. THE COMMITTEE WILL REVIEW THE DRAFT FORM AND PROVIDE ITS APPROVAL, SUBJECT TO APPROPRIATE REVISIONS UPON SUCH APPROVAL, NEF MANAGEMENT WILL PROVIDE THE APPROVED FORM 990 TO THE FULL NEF BOARD AND SUBMIT THE APPROVED FORM TO THE IRS IN ACCORDANCE WITH THE REQUIRED DUE DATES FOR SUBMISSION

Identifier	Return Reference	Explanation
	,	DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE EACH YEAR, DISCLOSING ANY CONFLICTS OF INTERESTS A RESPONSE IS REQUIRED AND ANY POTENTIAL CONFLICTS ARE INVESTIGATED AND BROUGHT TO THE ATTENTION OF THE CHAIRMAN, PRESIDENT AND IF APPROPRIATE, LEGAL COUNSEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS TO SET EXECUTIVE COMPENSATION (PRESIDENT, OFFICERS & OTHER KEY EMPLOYEES) CONSISTS OF A REVIEW CONDUCTED BY THE ADMINISTRATIVE COMMITTEE OF THE BOARD AND REPORTED TO THE EXECUTIVE COMMITTEE OF THE BOARD LEGAL COUNSEL IS CONSULTED REGARDING TERMS AND CONDITIONS RECRUITING AGENTS MAY ALSO BE CONSULTED TO DETERMINE APPROPRIATE SALARIES COMPARABILITY MEASURES INCLUDE 990'S FOR COMPARABLE ORGANIZATIONS, RECRUITERS AND ALSO SURVEYS ON NOT-FOR-PROFIT PAY PUBLISHED BY CHRONICLE OF PHILANTHROPY

Identifi	er Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	l ' '	NET UNREALIZED GAINS ON INVESTMENTS 11,281 FOREIGN EXCHANGE GAIN 52,194 TOTAL TO FORM 990, PART XI, LINE 5 63,475

Identifier	Return Reference	Explanation
	•	11 SYRACUSE UNIVERSITY STUDENTS VOLUNTEERED AS PROGRAM ASSISTANTS (INTERNS) INTERNS ARE ASSIGNED A PORTFOLIO OF ACTIVITIES THAT INCLUDE PROGRAM ANALYSIS, PROGRAM DEVELOPMENT, AND PROJECT MANAGEMENT INTERNS ALSO CONTRIBUTE SUBSTANTIALLY TO COMMUNICATIONS AND SYSTEMS DEVELOPMENT

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DLN: 93493132029062

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2010

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Department of the Treasury Internal Revenue Service

me of the organization AR EAST FOUNDATION					tification number		
art I Identification of Disregarded Entities (Comp	lete if the organizati	on answered "Yes	" on Form 990 Pa	rt IV line 33)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta	(d) ate Total income	(e) End-of-year assets	(f) Direct controlli entity	ng	
1) NEFDEV LLC 0 BROAD STREET 15TH FLOOR IEW YORK, NY 10004 0-4608646	INACTIVE	NY		0 (NEAR EAST FOUNDATI	ON	
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to	i zations (Complete the tax year.)	ıf the organizatio	n answered "Yes"	on Form 990, Part	: IV, line 34 becau	ise it had	d one
(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	Section : con	(g) 512(b)(13 trolled nızatıon
						Yes	No
or Privacy Act and Paperwork Reduction Act Notice, see the Instructi	ons for Form 990.	Cat No 5	0135Y		Schedule R	Form 990) 2010

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (d) (e) (f) (g) (g) (primary activity (primary a	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of tota	al income	Share o	(g) f end-of-year assets	(h Disproj alloca	prtionate	(i) Code V- amount in be Schedule (Form 10	ox 20 of K-1	(j Gener mana partr	ral or iging	(k) Percentage ownership
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Share of total income or trust during the tax year.)										Yes	No			Yes	No	
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Legal domicile (state or foreign or trust) (c) Type of entity (c) Corp, S corp, or trust) Share of total income or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eag																
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Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Legal domicile (state or foreign or trust) (c) Type of entity (c) Corp, S corp, or trust) Share of total income or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Legal domicile (state or foreign or trust) (c) Type of entity (c) Corp, S corp, or trust) Share of total income or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Equipment of the tax year.) (d) Direct controlling entity (c) Corp, S corp, or trust) Share of total income end-of-year assets																
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign Direct controlling Type of entity (C corp, S corp, or trust) Share of total income end-of-year ow assets	Part IV Identifi	cation of Relate	ted Orga ne or mo	anizations Tax re related organ	able as a Corpora izations treated as	ation or Tr a corporate	r ust (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar	nswered "\	es" on	Form	990,	Part IV,
	Name, address, an	(a) d EIN of related organi	ızatıon	(b) Primary activity	Legal domicile (state or foreign		Direct con	ntrolling	Type of e (C corp, S	corp,	Share of	(f) f total income	Sha end-o	re of f-year		(h) Percentage ownership

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
С	Gift, grant, or capital contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
е	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)			1 g		
h	Exchange of assets			1h		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		
j	Lease of facilities, equipment, or other assets from other organization(s)			1 j		
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11		
m	n Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1p		
q	Other transfer of cash or property to other organization(s)			1 q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds		
	(a)	(b)	(c)	(d)		
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount
(1)						
(2)						
(3)						
(4)						
(4)						
(5)						
(-)		1		1		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(b) ry activity Legal domicile (state or foreign country)		all ners non c)(3) rations?	(e) Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or inaging artner?	
			Yes	No		Yes	No		Yes	No	
										-	
										+	
							++			+	
										T	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010