

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2000 calendar year, OR tax year period beginning 2000, and ending 2000

B Check if:

☐ Change of address

☐ Change of name

☐ Initial return

☐ Final return

☐ Amended return

C Name of organization
THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Number and street (or P. O. box if mail is not delivered to street address) Room/suite
1828 L STREET, NW 1050

City or town State or Country ZIP code
WASHINGTON DC 20036

D Employer identification number
52-1376034

E Telephone number
202-452-0650

F Check ☐ If application is pending

G Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See Inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption number (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See Specific Instructions on page 16.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support **1a** 3,473,489

b Indirect public support **1b**

c Government contributions (grants) **1c**

d Total (add lines 1a through 1c) (cash \$ 3,328,109 noncash \$ 145,380) **1d** 3,473,489

2 Program service revenue including government fees and contracts (from Part VII, line 93) **2** 23,818

3 Membership dues and assessments **3**

4 Interest on savings and temporary cash investments **4** 70,086

5 Dividends and interest from securities **5** 168,683

6a Gross rents **6a**

b Less: rental expenses **6b**

c Net rental income or (loss) (subtract line 6b from line 6a) **6c** 0

7 Other investment income (describe) **7**

8a Gross amount from sales of assets other than inventory

(A) Securities	(B) Other
994,554	8a
616,184	8b
378,370	8c 0

d Net gain or (loss) (combine line 8c, columns (A) and (B)) **8d** 378,370

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a) **9a**

b Less: direct expenses other than fundraising expenses **9b**

c Net income or (loss) from special events (subtract line 9b from line 9a) **9c** 0

10a Gross sales of inventory, less returns and allowances **10a**

b Less: cost of goods sold **10b**

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) **10c** 0

11 Other revenue (from Part VII, line 103) **11**

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) **12** 4,114,446

13 Program services (from line 44, column (B)) **13** 2,190,224

14 Management and general (from line 44, column (C)) **14** 444,543

15 Fundraising (from line 44, column (D)) **15** 357,099

16 Payments to affiliates (attach schedule) **16**

17 Total expenses (add lines 16 and 44, column (A)) **17** 2,991,866

18 Excess or (deficit) for the year (subtract line 17 from line 12) **18** 1,122,580

19 Assets or fund balances at beginning of year (from line 73, column (A)) **19** 10,181,914

20 Other changes in net assets or fund balances (attach explanation) **20** -191,165

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) **21** 11,113,329

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	188,798	113,278	41,536
26	Other salaries and wages	26	1,046,333	738,678	180,470
27	Pension plan contributions	27	65,530	45,215	11,796
28	Other employee benefits	28	107,164	73,038	20,567
29	Payroll taxes	29	80,139	53,891	15,208
30	Professional fundraising fees	30	0		
31	Accounting fees	31	11,913		11,913
32	Legal fees	32	0		
33	Supplies	33	32,472	24,134	4,831
34	Telephone	34	36,089	29,856	3,090
35	Postage and shipping	35	54,940	46,812	2,548
36	Occupancy	36	277,243	202,983	43,025
37	Equipment rental and maintenance	37	53,255	38,755	8,401
38	Printing and publications	38	208,958	145,865	8,268
39	Travel	39	229,617	207,732	1,108
40	Conferences, conventions, and meetings	40	257,649	227,899	8,202
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach S-3)	42	59,995	43,660	9,464
43	Other expenses (itemize) a _____	43a	0		
b	_____	43b	0		
c	_____	43c	0		
d	_____	43d	0		
e	_____	43e	0		
f	SEE STATEMENT 4	43f	281,771	198,428	74,116
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,991,866	2,190,224	444,543

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	SEE STATEMENT 6	
	(Grants and allocations \$)	1,473,910
b	SEMINARS AND CONFERENCES - 40 POLICY FORUMS, 14 SEMINARS, 4 IN-HOUSE SEMINARS, 2-DAY ANNUAL CONFERENCE, 2-DAY SYMPOSIUM, EDUCATIONAL TO PROMOTE THE PURPOSE OF THE ORGANIZATION	
	(Grants and allocations \$)	335,747
c	PRESIDENTIAL STUDY GROUP - EXAMINATION OF THE STATE OF THE NEAR EAST AND THE EFFECTIVENESS OF U.S. POLICY IN THE NEAR EAST. THE STUDY GROUP CONDUCTED MEETINGS, A STUDY TOUR OF THE NEAR EAST AND A REPORT PUBLISHED IN 2001.	
	(Grants and allocations \$)	128,045
d	SOREF FELLOWSHIPS - 5 FELLOWS; CONDUCTED RESEARCH AND ANALYSIS OF POLITICAL ISSUES IN THE NEAR EAST.	
	(Grants and allocations \$)	116,542
e	Other program services (attach schedule) STATEMENT 7	(Grants and allocations \$) 135,980
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,190,224

Part IV Balance Sheets

(See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	350	45	350
46	Savings and temporary cash investments	1,191,069	46	2,079,280
47a	Accounts receivable	5,681		
b	Less: allowance for doubtful accounts	28,412	47c	5,681
48a	Pledges receivable	1,835,138		
b	Less: allowance for doubtful accounts	20,000	48c	1,815,138
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	STATEMENT 8 344,025	50	20,806
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts	0	51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	38,336	53	43,024
54	Investments - securities (attach schedule) STMT 9, STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,443,135	54	7,131,072
55a	Investments - land, buildings, and equipment, basis			
b	Less: accumulated depreciation (attach schedule)	0	55c	0
56	Investments - other (attach schedule)	0	56	
57a	Land, buildings, and equipment: basis	551,964		
b	Less: accumulated depreciation (attach schedule) STATEMENT 11	402,180	57c	149,784
58	Other assets (describe) DEPOSITS	21,815	58	21,815
59	Total assets (add lines 45 through 58) (must equal line 74)	10,660,735	59	11,266,950
Liabilities				
60	Accounts payable and accrued expenses	473,313	60	153,621
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)	5,508	65	0
66	Total liabilities (add lines 60 through 65)	478,821	66	153,621
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	10,101,860	67	11,055,907
68	Temporarily restricted	80,054	68	57,422
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	10,181,914	73	11,113,329
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	10,660,735	74	11,266,950

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

a Total revenue, gains, and other support per audited financial statements	a	3,923,281
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments -191,165		
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify):		
Add amounts on lines (1) thru (4)	b	-191,165
c Line a minus line b	c	4,114,446
d Amounts included on line 12, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify):		
Add amounts on lines (1) and (2)	d	0
e Total revenue per line 12, Form 990 (line c plus line d)	e	4,114,446

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expense and losses per audited financial statements	a	2,991,866
b Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities		
(2) Prior year adjustments reported on line 20, Form 990		
(3) Losses reported on line 20, Form 990		
(4) Other (specify):		
Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	2,991,866
d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify):		
Add amounts on lines (1) and (2)	d	0
e Total expenses per line 17, Form 990 (line c plus line d)	e	2,991,866

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT SATLOFF	EXECUTIVE DIRECTOR			
WASHINGTON, DC	FULL TIME	188,798	17,352	
SEE ATTACHED LIST				
	0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes☒ No

If "Yes," attach schedule - see Specific Instructions on page 26.

Part VI Other Information

(See Specific Instructions on pages 26.)

	N/A	Yes or No
76 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	NO
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	NO
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	NO
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0
b Did the organization file Form 1120-POL for this year?	81b	NO
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	NO
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. (a) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. - Enter: (a) Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. - Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89a 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		0
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	NO
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958.		0
d Enter: Amount of tax in 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	23
91 The books are in care of THE ORGANIZATION Telephone no. 202 452-0650 Located at SEE PAGE 1 ZIP code 20036		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a PUBLICATION SALES					23,818
b					
c					
d					
e					
f Medicare/Medicaid payments.					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investment			14	70,086	
96 Dividends and interest from securities			14	168,683	
97 Net rental income (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	378,370	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols. (B), (D), and (E))		0		617,139	23,818
105 TOTAL (add line 104, columns (B), (D), and (E))					640,957

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	INCOME FROM PUBLICATIONS WRITTEN BY THE ORGANIZATION'S EMPLOYEES, VISITING FELLOWS, AND OTHERS TO PROMOTE A BALANCED AND REALISTIC UNDERSTANDING OF AMERICAN INTERESTS IN THE NEAR EAST.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please

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

11/15/01

Date

ROBERT SATLOFF

Type or print name

EXECUTIVE
DIRECTOR

Title

Date

Check if self-

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number

52-1376034

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAURA MILSTEIN ALL C/O THE ORGANIZATION	DIRECTOR OF DEVELOPMENT			
	FULL TIME	108,746	4,520	
PATRICK CLAWSON	DIRECTOR FOR RESEARCH			
	FULL TIME	100,522	8,952	
ALAN MAKOVSKY	SENIOR FELLOW			
	FULL TIME	97,270	8,532	
MICHAEL EISENSTADT	SENIOR FELLOW			
	FULL TIME	80,225	6,552	
DAVID MAKOVSKY	SENIOR FELLOW			
	FULL TIME	77,946		
Total number of other employees paid over \$50,000	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990 PART V	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. STMT 12	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) STMT 13
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule below.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

NOTE: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,652,036	2,576,603	2,303,797	2,093,009	11,625,445
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	24,694	20,368	22,997	20,208	88,267
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	218,665	279,423	337,812	296,128	1,132,028
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,895,395	2,876,394	2,664,606	2,409,345	12,845,740
24 Line 23 minus line 17	4,870,701	2,856,026	2,641,609	2,389,137	12,757,473
25 Enter 1% of line 23	48,954	28,764	26,646	24,093	
26 Organizations described in lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 255,149
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	SEE STATEMENT 14				26b 1,515,036
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,757,473
d Add: Amounts from column (e) for lines:	18 1,132,028	19 0			
	22 0	26b 1,515,036			
e Public support (line 26c minus line 26d total)					26e 10,110,409
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.25%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A				
	(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: N/A	(1999)	(1998)	(1997)	(1996)	
c Add: Amounts from column (e) for lines:	15 0	16 0			
	17 0	20 0	21 0		
d Add: Line 27a total	0	0	0		
e Public support (line 27c minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) NONE					

Part V Private School Questionnaire

(See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here **a** ☐ If the organization belongs to an affiliated group.
- Check here **b** ☐ If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36 N/A	0
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	0
38 Total lobbying expenditures (add lines 36 and 37)		38	0
39 Other exempt purpose expenditures		39	0
40 Total exempt purpose expenditures (add lines 38 and 39)		40	0
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	0
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		42	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44	0

Caution: If there is an amount on either line 43 or line 44, file Form 4720.

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 9 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instruction N/A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a Volunteers				
b Paid staff or management (include compensation in expenses reported on lines c through h)				
c Media advertisements				
d Mailings to members, legislators, or the public				
e Publications, or published or broadcast statements				
f Grants to other organizations for lobbying purposes				
g Direct contact with legislators, their staffs, government officials, or a legislative body				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means				
i Total lobbying expenditures (add lines c through h)				0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

(See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column

(d) the value of the goods, other assets, or services received.

N/A

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

N/A

[illegible]

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number

52-1376034

Organization type (check one)-Section: ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations.

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization
THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number
52-1376034

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	\$ 417,120	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>	\$ 127,702	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>	\$ 82,803	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>	\$ 78,813	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
_____	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
_____	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization
THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number
52-1376034

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	W	\$ / /
_____	\$ / /
_____	\$ / /
_____	\$ / /
_____	\$ / /
_____	\$ / /
_____	\$ / /
_____	\$ / /

Name of organization THE WASHINGTON INSTITUTE FOR NEAR EAST POLICY	Employer identification number 52-1376034
-----------------------------------------------------------------------	----------------------------------------------

Part III Section 501(c)(7), (8), or (10) orgs. that received more than \$1,000 in charitable gifts during the year-

* Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 14

INCLUDED ON PART IV - LINE 26B

***** NOT OPEN TO PUBLIC INSPECTION*****

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	284,117	28,968
	477,806	222,657
	488,800	233,651
	496,678	241,529
	818,479	563,330
	480,050	<u>224,901</u>
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u><u>1,515,036</u></u>

FORM 990	GAIN (LOSS) FROM SECURITIES	STATEMENT 1
	PART I, LINE 8	

DESCRIPTION	GROSS SALE PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MARKETABLE SECURITIES	<u>933,651</u>	<u>616,184</u>	0	<u>317,467</u>
OTHER MARKET-BASED SECURITIES	60,903			60,903
TO FORM 990 PART I, LINE 8	<u>994,554</u>	<u>616,184</u>	0	<u>378,370</u>
			=	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
	PART I, LINE 20	

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<u>191,165</u>
TOTAL TO FORM 990, PART I, LINE 20	<u>191,165</u>

FORM 990	DEPRECIATION, DEPLETION, ETC.	STATEMENT 3
	PART II, LINE 42	

	DATE PLACED IN SERVICE	METHOD	LIFE OR RATE	COST OR OTHER BASIS	ACCUM. DEPREC./ AMORT.	CURRENT YEAR DEDUCTN
FURNITURE AND EQUIPMENT	VARIED	SL	3 TO 7	502,635	377,845	54,897
LEASEHOLD IMPROVEMENTS	VARIED	SL	10	<u>49,329</u>	<u>24,335</u>	<u>5,098</u>
TOTAL 990, PART II, LINE 42				<u>551,964</u>	<u>402,180</u>	<u>59,995</u>

FORM 990	OTHER EXPENSES PART II, LINE 43	STATEMENT 4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	95,970	93,970	0	2,000
INSURANCE	14,756	10,738	2,328	1,690
MISCELLANEOUS	7,297	0	7,297	0
AUDIO VISUAL	24,353	22,782	28	1,543
BUSINESS RELATIONS	12,874	8,056	3,722	1,096
CONTRACT LABOR	6,987	1,103	5,810	74
TECHNOLOGY FEES	8,852	6,952	1,456	444
ADVERTISING	2,822	2,742	0	80
TRAINING FEES	2,715	415	0	2,300
FAX EXPENSE	51,670	51,670	0	0
PROFESSIONAL FEES	3,475	0	3,475	0
UNPAID PLEDGES	50,000	0	50,000	0
TOTAL TO FM 990 LINE 43	281,771	198,428	74,116	9,227

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 5
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EXPLANATION

TO PROMOTE A BALANCED AND REALISTIC UNDERSTANDING OF AMERICAN INTERESTS IN THE NEAR EAST AMONG THE GENERAL PUBLIC AND THE NATION'S POLICY-MAKERS, ACADEMICS AND JOURNALISTS.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PART III, LINE A	STATEMENT 6
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DESCRIPTION OF PROGRAM SERVICE ONE

RESEARCH AND PUBLICATIONS - ONGOING RESEARCH AND ANALYSIS OF U.S. INTERESTS IN THE NEAR EAST, 5 VISITING FELLOWS, 2 MILITARY FELLOWS, 6 POLICY PAPER, 1 POLICY FOCUS, 2 PROCEEDINGS, 1 PEACEWATCH/POLICYWATCH ANTHOLOGY, 2 MONOGRAPHS 27 ARTICLES IN NEWSPAPERS/JOURNALS, 61 PEACEWATCHES, 75 POLICYWATCHES. (1 OTHER PUBLICATION INCLUDED IN OTHER PROGRAM SERVICES.) 66 INTERVIEWS WITH VARIOUS TELEVISION AND RADIO PROGRAMS.

FORM 990	OTHER PROGRAM SERVICES PART III, LINE E	STATEMENT 7
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<u>DESCRIPTION</u>	<u>EXPENSES</u>
SMITH RICHARDSON JORDANIAN/IRAQI RELATIONS	43,363
SMITH RICHARDSON SECURITY IMPLICATIONS OF A PALESTINIAN STATE	43,043
WEINBERG FOUNDERS CONFERENCE	24,680
SMITH RICHARDSON TURKEY PROJECT	11,912
MEYERHOFF FELLOWSHIP	5,706
CAPITAL GROUP INTERNSHIP	3,120
SUCCESSION PROJECT	3,000
LAWRENCE J. AND ANNE CABLE RUBINSTEIN FOUNDATION	1,000
LIBRARY FUND	156
TOTAL TO FORM 990, PART III, LINE E	135,980

FORM 990 RECEIVABLES FROM OFFICERS, TRUSTEES, STATEMENT 8
AND KEY EMPLOYEES - REPORTED AS A SINGLE TOTAL
PART IV, LINE 50

<u>DESCRIPTION</u>	<u>BALANCE DUE</u>
LODGING, TRAVEL AND MEETING EXPENSES INCURRED BY TRUSTEES WHO ATTENDED:	
THE ANNUAL CONFERENCE.	13,141
TRIP TO THE MIDDLE EAST	7,665
THE FULL AMOUNT IS EXPECTED TO BE COLLECTED IN 2001.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B	<u>20,806</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9
PART IV, LINE 54

<u>DESCRIPTION</u>	<u>VALUE METHOD</u>	<u>CORPORATE STOCKS</u>	<u>CORPORATE BONDS</u>	<u>OTHER SECURITIES</u>	<u>TOTAL NON-GOV'T SECURITIES</u>
CORPORATE STOCK	MKT VAL	5,346,692			5,346,692
CORPORATE BONDS	MKT VAL		292,108		292,107
GINNIE MAES	MKT VAL			399,754	399,754
OTHER MARKET-BASED INVESTMENTS	MKT VAL			1,079,319	1,079,319
TOTAL FM 990, LN 54, COL B		<u>6,346,692</u>	<u>292,108</u>	<u>1,479,073</u>	<u>7,117,872</u>

FORM 990 GOVERNMENT SECURITIES STATEMENT 10
PART IV, LINE 54

<u>DESCRIPTION</u>	<u>VALUE METHOD</u>	<u>U.S. GOVERNMENT</u>	<u>OTHER GOVERNMENT</u>	<u>TOTAL GOV'T SECURITIES</u>
GOVERNMENT BONDS	MKT VAL	0	13,200	13,200
TOTAL FM 990, LINE 54, COL B		<u>0</u>	<u>13,200</u>	<u>13,200</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT PART IV, LINE 57 B	STATEMENT 11
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<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
FURNITURE AND EQUIPMENT	502,635	377,845	124,790
LEASEHOLD IMPROVEMENTS	<u>49,329</u>	<u>24,335</u>	<u>24,994</u>
TOTAL FM 990, PART IV, LINE 57 B	<u>551,964</u>	<u>402,180</u>	<u>149,784</u>

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 A	STATEMENT 12
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IN 2000, ALBERT ABRAMSON, A TRUSTEE, WHO IS ALSO A LANDLORD OF TOWER CO., WAS PAID A TOTAL OF \$280,302 FOR RENT AND ELECTRICITY. THIS WAS AN ARMS LENGTH TRANSACTION AT FAIR MARKET VALUE.

SCHEDULE A	REASON FOR NON-PRIVATE FOUNDATION STATUS PART IV - LINE 11a	STATEMENT 13
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ORGANIZATION WAS ISSUED A DETERMINATION LETTER DATED 5-9-96 WHICH STATED THAT IT WAS NOT A PRIVATE FOUNDATION AND THAT IT WAS DESCRIBED IN IRS SEC. 509(A)(1). THE ORGANIZATION RECEIVED PUBLIC SUPPORT IN EXCESS OF 33 1/3% IN THE YEARS 1992-95.

FORM 990

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND KEY EMPLOYEES
PART V

ADDRESS: ALL TRUSTEES AND OFFICERS CAN BE CONTACTED AT THE
INSTITUTES OFFICE ADDRESS - 1828 L STREET, N.W., SUITE 1050, WASHINGTON
D.C., 20036

2000 LIST OF TRUSTEES

NAMES

Ken and Nira Abramowitz
Albert Abramson
Lorraine and Richard Abramson
Bernyce Adler
Joan and Charles Adler
Catherine and Frederick Adler
Wilma and Arthur Aeder
Barry Akrongold
Bruce and Elisha Akrongold
Joan and Stanford Alexander
Evelyn and William Alter
Herta and Paul Amir
Lily Artenstein
Richard Aryeh
Helen Asher
Mary Jane and Robert Asher
Noni and Alan Aufzien
Alice and Paul Baker
Donna and Anthony Barrett
Melanie and Charles Barry
Etta and Michael Barry
Rochelle and Newton Becker
Froma and Andrew Benerofe
Meyer Berman
Patricia Berman
Valerie and Denis Bieber
Joan and Allen Bildner
Sylvia and Joseph Binder
Gene and Richard Bindler
Margie and Milton Bliss

Roberta and Stanley Bogen
Trudy and Richard Borow
Irma and Norman Bramen
Alan Breslauer
Irma and Benjamin Breslauer
Kathy and David Breslauer
Elizabeth and James Breslauer
Michele Breslauer and Jeffrey Abrams
Sandra and Stephen Breslauer
Frances Brody
Edward Broida
Andy and Charles Bronfman
Edgar Bronfman
Andy Brown
Ann and Michael Bunyaner
Pam and Stanley Chais
Debbie and Gerald Charnoff
Judy and Michael Chasanoff
Joyce and Aubrey Chernick
Carole and Melvin Cohen
Ryna and Melvin Cohen
Barbara and Bert Cohn
Judith and Stewart Colton
Toby and Leon Cooperman
Ruth and Gerald Daniel
Isabel and Joseph Davidson
Sophie and Leonard Davis-Deceased
Barbara and Maurice Deane
Pat and Jerry Epstein
Danielle and Shimon Erem
Edith and Henry Everett

THE WASHINGTON INSTITUTE
FOR NEAR EAST POLICY

52-1376034

Bernice and Leonard Fassler
Margret and Paul Feder
Esther and Sumner Feldberg
Linda and Ira Fish
Marjorie and Max Fisher
Shirley and Bill Fleischer
Seymour Fleisher
Beverly and Howard Frank
Judy and Stanley Frankel
Sharon and Joseph Freed
Jason Friedland
Sheree and Gerald Friedman
Chaya and Howard Friedman
Beulah and Jack Friedman
Lorraine and Jack Friedman
Josh Friedman
Amy and Anthony Fromer
Ann and Robert Fromer
Rani and Sandor Garfinkle
Rachel and Jack Gindi
Michelle and Andrew Glick
Nancy and Larry Glick
Richard Goldman
Jocey and Robert Goldman
Doretta and Jona Goldrich
Joyce Goodman
Connie and Leonard Goodman
Nancy and Stanley Goodman
Patricia and Mark Gordon
Paul and Jerry Gottesman
Rachel and Barney Gottstein
Phyllis Greenman
Ahuva and Martin Gross
Sharon Gross
Joseph Gurwin
Barry Haimes
Shahpar and Issac Hakim
Cheryl and Fred Halpern
Yonina Halpern
Joan and Irving Harris
Jacqueline Harris
Jonathan Harris

Suzanne and Norman Hascoe
Susan and Roger Hertog
Rita and Irwin Hochberg
Stacy and Jonathan Hochberg
Jane and Michael Hoffman
Marjorie and Robert Kargman
Frances Katz
Ellie and Herbert Katz
Marilyn and Stanley Katz
Arlene Kaufman and Sandy Balkor
Florence and Robert Kaufman
Selma and Walter Kaye
Joyce and Mel Keefer
Marjorie and Stephen Kellner
Linda and Michael Keston
Arlene and Robert Kogod
Dorothy and Sidney Kohl
Jonathan Kolatch
Dorothy Kornblith
Shirley and Aaron Kotler
Lola and Saul Kramer
Karen and Alan Krause
Connie and Harvey Krueger
Barbara and Fred Lafer
Bryna and Joshua Landes
Ilse and John Lang
Frank Lautenberg
Mira and Robert Levenson
Phyllis and Bernard Leventhal
Mildred and Abner Levine
Edward Levy
Ellen and Irwin Levy
Susan Levy
Bennet Lindenbaum
Belda and Marcel Lindenbaum
Nancy and Norman Lipoff
Ruth and Jerome Lorber
Ruth Low
Sondra and David Mack
Phyllis and William Mack
Barbara and Morton Mandel
Debbie and Gil Mann

THE WASHINGTON INSTITUTE
FOR NEAR EAST POLICY

52-1376034

Nancy and Michael Marcus
Lee and Irving L. Mazer
Claire and Robert Mazer
Mort Meyerson
Ruth and Israel Miller
Meredith Berkman and Daniel Mintz
Jonathan Mitchell
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Arnold and Florence Newberger
Ruth and Raymond Perelman
Larry Phillips
Geri and Lester Pollack
Marcia and Robert Riesman
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Shari and Herb Rosen
Carolyn and Sol Rosen
Ruth and Irving Rosenbaum
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Tara and James Rutman
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Gloria Scharlin
Eleanor and Harry Schick
Yachai and Aviva Schneider
Mary and Lewis Schott
Wendy and James Schreiber
Zachary Schreiber
Edie and Marvin Schur
Lynn Schusterman
Allyne and Fred Schwartz
Jean and Charles Segal
Joan and Jerry Serchuck
Rose and Morton Serota
Joseph Shalant
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Betsy and Walter Stern
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Arlene and David Stone
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Marlene and Harold Strauss
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Libby and Lewis Weston
Nina and Gary Wexler
Sheila and Harold Wilshinsky
Shoshanna and David Wingate
Sandra and Timothy Wuliger
Ziona and Ronald Zelazo
Desiree and Robert Zelman
Harriet and Jerome Zimmerman
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THE WASHINGTON INSTITUTE
FOR NEAR EAST POLICY

52-1376034

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Form 8868 (12-2000)

Page 2

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY	Employer identification number 52-1376034
	Number, street, and room or suite no. If a P.O. box, see instructions. 1828 L STREET, NW, NO. 1050	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for...

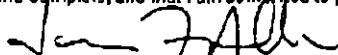
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2001**
- 5 For calendar year **2000**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED FOR PREPARING A COMPLETE AND ACCURATE RETURN

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

Signature and Verification

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

Signature  Title **CFA** Date **8/15/01****Notice to Applicant - To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered a valid extension of time for elections others required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

SEP 06 2001
JDA WEISKOPF, FIELD DIRECTOR
COMMUNICATIONS PROCESSING, OGDEN

Director

By: _____

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GELMAN, ROSENBERG & FREEDMAN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930

533851
12-10-00

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