Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

epertment of the Tressury ternal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.lrs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning and ending C Name of organization Check if D Employer identification number WASHINGTON INSTITUTE FOR NEAR EAST Addres POLICY Name change 52-1376034 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 1111 19TH STREET NW 500 (202)452-0650 City or town, state or province, country, and ZIP or foreign postal code 27,214,271. G Gross receipts \$ Amende WASHINGTON, DC 20036 H(a) Is this a group return F Name and address of principal officer: ROBERT SATLOFF for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.WASHINGTONINSTITUTE.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other Year of formation; 1984 M State of legal domicile; DC Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE A BALANCED AND REALISTIC UNDERSTANDING OF AMERICAN INTERESTS IN THE MIDDLE EAST. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part Vi, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 31 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 96 5 Total number of volunteers (estimate if necessary) 31 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 15,229,300. 8 Contributions and grants (Part VIII, line 1h) 21,938,528. Program service revenue (Part VIII, line 2g) 584,567. 788,200. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,864,927. 2,007,649. -113,084. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -263,702. 17,618,725. 24,417,660. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) n. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,635,735. 12,595,432. 16a Professional fundraising fees (Part IX, column (A), line 11e) 60,000. 65,000. 1,678,698. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,254,628 5,156,525. 15,950,363. 17,816,957. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,600,703. 1,668,362 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 무형 End of Year 20 Total assets (Part X, line 16) 78,601,679. 91,104,034. 21 Total liabilities (Part X, line 26) 13,816,710. 13,393,071. 64,784,969. 77,710,963. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge U 11 Signature of officer Date Slan ROBERT SATLOFF, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check RICHARD J. LOCASTRO, CPA Locaste self-employed P00288314 Kuland Pald 11/8/2024 GELMAN, ROSENBERG & FREEDMAN Preparer Firm's name Firm's EIN 52-1392008

Use Only

Firm's address 4550 MONTGOMERY AVE SUITE 800N

BETHESDA, MD 20814-2930

Phone no. 301-951-9090

2-	13	76	03	34	Page 2	<u> </u>
						Τ

Form	990 (2023) POLICY	52-1376034	Page 2
	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE WASHINGTON INSTITUTE SEEKS TO IMPROVE THE QUALITY OF	U.S. POLICY	
	TOWARD THE NEAR EAST THROUGH INSIGHT, ANALYSIS AND IDEAS	•	
	·		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
·	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.	s, the total expenses, at	iu
	2.040.056	20	795.)
44	(Code:) (Expenses \$3,012,856. including grants of \$) (Revenue LINDA AND TONY RUBIN PROGRAM ON ARAB POLITICS: THE LINDA		
		CONOMIC, AND	DIM
	SECURITY-RELATED DEVELOPMENTS IN THE ARAB WORLD, A GEOGRA		
	STRETCHING FROM NORTH AFRICA TO IRAQ.	AFRIC AREA	
	SIREICHING FROM NORTH AFRICA TO TRAQ.		
	IN 2023, THE PROGRAM FOCUSED ON POLICY IMPLICATIONS FOR		<u> </u>
	•		<u> </u>
	TO IRAN'S GROWING INFLUENCE IN THE REGION; THE IMPACT AND		
	THE GAZA WAR ON THE REGION; IRANIAN-BACKED MILITIAS AND		
	PARTIES' INFLUENCE IN IRAQ, AND THE DISPOSITION OF IRAQI		
	EGYPT'S ECONOMIC CRISIS; LEBANON'S DETERIORATION AND HEZI		
	GROWING CONTROL OF THE STATE; THE ASSAD REGIME'S REGIONAL		
	AND THE FUTURE OF THE US TROOP PRESENCE IN SYRIA; THE ONC		
4b	(Code:) (Expenses \$2, 349, 987. including grants of \$) (Revenue)		<u>795.</u>)
	THE KORET PROJECT ON ARAB-ISRAEL RELATIONS: THE KORET PRO		
	ARAB-ISRAEL RELATIONS FOCUSES ON THE RELATIONSHIP BETWEEN		
	ARAB COUNTRIES IN THE MIDDLE EAST, INCLUDING THE ISRAELI-		
	CONFLICT. PROGRAM DIRECTOR, DAVID MAKOVSKY WORKS WITH AMI		NIS
	ROSS, DAVID POLLOCK, AND GHAITH AL-OMARI AND IN CROSS-CO		
	WITH FELLOWS FROM OTHER PROGRAMS, VISITING FELLOWS, AND I	NON-RESIDENT	
	ASSOCIATES.		
	PROGRAM PARTICIPANTS APPEARED FREQUENTLY ON TELEVISION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMIN	ND RADIO. TH	E
	INSTITUTE PUBLISHED MORE THAN 55 ARTICLES/PUBLICATIONS BY		
	PARTICIPANTS ON ITS WEBSITE AND MANY OF THE ARTICLES ALSO		
	OTHER ONLINE PUBLICATION SITES AND NEWS OUTLETS. THE PROO	GRAM HELD AN	
4c	(Code:) (Expenses \$1, 705, 610 • including grants of \$) (Revenue)		509 .)
	JEANETTE AND ELI REINHARD PROGRAM ON COUNTERTERRORISM AND	D INTELLIGEN	CE:
	THE JEANETTE AND ELI REINHARD PROGRAM ON COUNTERTERRORISI	M AND	
	INTELLIGENCE (CTI) FOCUSES ON PROVIDING POLICY-RELEVANT	ANALYSIS OF	KEY
	TERRORISM AND INTELLIGENCE ISSUES AND TRENDS, ESPECIALLY	AS THEY REL	ATE
	TO U.S. POLICY TOWARD THE MIDDLE EAST. THE RESEARCH AND I		
	OF CTI IS FOCUSED ON FIVE KEY ISSUE AREAS: (1) GLOBAL JII		
	TERRORISM (AL QAEDA, ISLAMIC STATE); (2) TERRORISM IN TH		
	ARENA (HAMAS, PALESTINIAN ISLAMIC JIHAD, JEWISH EXTREMIS		
	IRANIAN SPONSORSHIP OF TERRORISM (HEZBOLLAH, IRAN'S REVO		ARD
	AND QODS FORCE); (4) COMBATING THE FINANCING OF TRANSNAT		
	(TERROR FINANCE, PROLIFERATION FINANCE, IRAN SANCTIONS,		
	COUNTERING VIOLENT EXTREMISM (COUNTER-RADICALIZATION). O		SE
	Other program services (Describe on Schedule O.)	· LIC TILL COOK	
4 0		348,468.)	
40	Total program service expenses 14,289,424.	J = O ,	
+€	I OLAI PI OUI AITI SEI VICE EAPEI ISES LE L'AU JI L'AU L'AU L'AU L'AU L'AU L'AU L'AU L'AU		

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2023)

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WASHINGTON INSTITUTE FOR NEAR EAST

Form 990 (2023) POLICY
Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	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	44.1	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40L		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
		148	-22	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, , , ,	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	IHU	- 21	
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	Х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17	- 22	
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10	- 42	
19		10		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	·	20a 20b		-21
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domostic government on l'artin, column (n), inte i : II res, complete schedule I, Parts I and II	4 I		

WASHINGTON INSTITUTE FOR NEAR EAST

Form 990 (2023) POLICY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	OE a		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
ь	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			
	, · · ·	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 25
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 44 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the harmon of the first V 2d molecular of the first applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	990	(0000)

332004 12-21-23

WASHINGTON INSTITUTE FOR NEAR EAST

Form 990 (2023) POLICY 52-1376034 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2b X

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 2a96			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			3,7
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
a	71/7	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1 37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	47		
		17		
	If "Yes," complete Form 6069.			

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Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on 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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LAURA HANNAH - (202)452-0650			
	1111 19TH STREET NW, 500, WASHINGTON, DC 20036			

37400__1

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT SATLOFF	40.00	-		.,				607 615		74 210
EXECUTIVE DIRECTOR	40.00			Х				627,615.	0.	74,310.
(2) MICHAEL SINGH	40.00	1			v			260 210	0	04 027
MANAGING DIRECTOR (3) DENNIS ROSS	40.00				Х			360,210.	0.	94,037.
COUNSELOR	40.00	1				x		366,042.	0.	80,540.
(4) DAVID MAKOVSKY	40.00							300,042.	.	00,340.
SENIOR FELLOW	10.00	1				x		333,639.	0.	99,276.
(5) MATTHEW LEVITT	40.00							333,0331		33,2700
SENIOR FELLOW		1				x		316,685.	0.	94,889.
(6) LAURA HANNAH	40.00							,	-	
CHIEF FINANCIAL OFFICER				х				243,179.	0.	77,644.
(7) DANIEL HECKELMAN	40.00									-
DIRECTOR OF DEVELOPMENT					Х			247,518.	0.	72,441.
(8) MICHAEL EISENSTADT	40.00									
SENIOR FELLOW						X		234,939.	0.	79,042.
(9) DAVID SCHENKER	40.00									
SENIOR FELLOW						X		261,034.	0.	49,199.
(10) PATRICK CLAWSON	40.00									
DIRECTOR OF RESEARCH					Х			246,889.	0.	48,739.
(11) JAY BERNSTEIN	3.00	1								
PRESIDENT		Х		Х				0.	0.	0.
(12) SHELLY KASSEN	3.00	ļ								•
CHAIRMAN	2 00	Х		Х		_		0.	0.	0.
(13) HOWARD P. BERKOWITZ	3.00	.,		.,					,	0
CHAIRMAN EMERITUS	2 00	Х		Х				0.	0.	0.
(14) MARTIN J. GROSS	3.00	3,7		3,7					0	0
CHAIRMAN EMERITUS	2 00	X		Х				0.	0.	0.
(15) JAMES SCHREIBER CHAIRMAN EMERITUS	3.00	Х		х				0.	0.	0.
(16) BARBI WEINBERG	3.00	Λ		Δ				0.	0.	<u> </u>
FOUNDING PRESIDENT/CHAIRMAN EMERITA	3.00	Х		х				0.	0.	0.
(17) MOSES S. LIBITZKY	3.00	^	\vdash					1	0.	<u>_ </u>
SENIOR VICE PRESIDENT	7.00	Х		х				0.	0.	0.
	I	122		-22	l				0.	Form 990 (2022)

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Form 990 (2023)

<u> Page</u> **7**

Form 990 (2023) POLICY									27-1	<u>3/0</u>	034		age o
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than c	one	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	วท	an	nount	of
	week		cer an	ia a a	irecto	r/trus	tee)	from	from related			other	
	(list any	trustee or director						the	organization			pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trust		e.	bens		(W-2/1099-MISC/	1099-NEC)	'		anizat	
	below	ual tri	ional		ploye	t com		1099-NEC)				d relat	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ions
(18) JOHN SHAPIRO	3.00	드	드	9	λ S	王ə	윤						
SENIOR VICE PRESIDENT	3.00	Х		х				0.		0.			0.
(19) LYNN LEVY PESECKIS	3.00												•
VICE PRESIDENT	3.00	х		х				0.		0.			0.
(20) LIEF D. ROSENBLATT	3.00	22						1		•			•
VICE PRESIDENT	3.00	Х		х				0.		0.			0.
(21) RALPH GERSON	3.00	Λ		^				1		0.			0.
SECRETARY	3.00	Х		х				0.		0.			0.
(22) SUSAN WAGNER	3.00	Λ		^				0.		0.			0.
TREASURER	3.00	Х		х				0.		0.			0.
(23) JEFFREY I. ABRAMS	3.00	Δ		^				0.		0.			0.
BOARD MEMBER	3.00	Х						0.		0.			0.
(24) GREGG ABRAMSON	3.00	Δ						0.		0.			0.
BOARD MEMBER	3.00	Х						0.		0.			0.
(25) ANTHONY BEYER	3.00	Λ						0.		0.			0.
BOARD MEMBER	3.00	Х						0.		0.			0.
(26) PHILIP FRIEDMANN	3.00	Λ						0.		0.			0.
BOARD MEMBER	3.00	Х						0.		0.			0.
								3,237,750.		0.	77	0,1	
1b Subtotal								0.		0.		<u>, , , , , , , , , , , , , , , , , , , </u>	0.
c Total from continuation sheets to Part VII								3,237,750.		0.	77	0,1	
d Total (add lines 1b and 1c)									000 of rapartable		, ,	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
compensation from the organization	ot illilited to th	ose	iiste	u al	ove	;) vvi i	o re	eceived more triain \$100	,000 or reportable	3			33
compensation from the organization												Yes	No
O Did the averagination list on formal affice.	alia.t.ata.t.	1					اند: دا		laa. a.a.	١		163	140
3 Did the organization list any former officer,	•		•		•		_		•		_		Х
line 1a? If "Yes," complete Schedule J for st											3		
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a											_		v
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										pensa	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin T		ear.				
(A) Name and business	addraga							(B) Description of s	oniooo	_)) onmo:		n
	address						\dashv	Description of s	ser vices	-	ompe	IISalio	·III
KESEM TECHNOLOGY LLC	יייטייווחיי			~	Λ Ω	1 4		T M GDD177	G		2 -	, ,	20
4938 HAMPDEN LANE #429, B	ETHESDA	,	MD		υď	<u> 14</u>	-	I.T. SERVICE	5		35	4,6	۷۵.
							\dashv						
							1						

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

Form 990 POLICY 52-1376034

Form 990 POLICY									52-137	
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, an	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	()			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trus		ee,	n pen				and related organizations
	below	dual tı	ıtiona		nploy	stcor	-			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT FROMER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DAVID FUENTE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(29) MICHAEL GELMAN	3.00									
BOARD MEMBER		Х		Ш				0.	0.	0.
(30) BRUCE LANE	3.00								_	
BOARD MEMBER	—	Х	_					0.	0.	0.
(31) STEVEN LEVY	3.00									
BOARD MEMBER (FROM 5/2023)	1 2 00	Х						0.	0.	0.
(32) ROBIN CHEMERS NEUSTEIN	3.00	х						0.	0.	0.
BOARD MEMBER (33) JEANETTE GARRETTY REINHARD	3.00	A						0.	0.	<u> </u>
BOARD MEMBER	3.00	Х						0.	0.	0.
(34) TONY RUBIN	3.00	Λ						0.	<u></u>	0 •
BOARD MEMBER (FROM 5/2023)	3.00	Х						0.	0.	0.
(35) ZACHARY SCHREIBER	3.00							•	•	•
BOARD MEMBER	3,00	Х						0.	0.	0.
(36) MIKE SEGAL	3.00									
BOARD MEMBER		х						0.	0.	0.
(37) MERRYL TISCH	3.00									
BOARD MEMBER		Х						0.	0.	0.
(38) DIANE TRODERMAN	3.00									
BOARD MEMBER		Х						0.	0.	0 .
(39) GARY WEXLER	3.00									
BOARD MEMBER		Х						0.	0.	0 .
(40) BILL WOLFE	3.00									
BOARD MEMBER (FROM 5/2023)		Х						0.	0.	0.
(41) RICHARD S. ZIMAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
	-	ł								
		1								
		1								
				\Box						
			L	L ∣						
			_		_		_		_	

Form 990 (2023) POLICY
Part VIII Statement of Revenue

		Chapte if Sabadula Coas	entaine a reconome	or note to any line	o in this Dort VIII			
		Check if Schedule O co	ontains a response	or note to any line	e in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovellae	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ω,E		Fundraising events		2,376,039.				
ifts r A			1d					
, G nila		Government grants (contrib						
Sin		All other contributions, gifts, gi						
utic e	'			19,562,489.				
ē		similar amounts not included a						
ont od (ç	Noncash contributions included in lin	nes 1a-1f 1g \$	1,567,571.	01 020 500			
<u>0</u> 6	r	Total. Add lines 1a-1f			21,938,528.			
				Business Code				
e	2 a	CONFERENCE/TRIP REVEN	NUE	900099	502,880.	502,880.		
Program Service Revenue	b	CONTRACTS		900099	81,687.	81,687.		
Se	c	:						
am	c	I						
ge	6	·						
Pro	f	All other program service re	evenue					
		Total. Add lines 2a-2f			584,567.			
	3	Investment income (includir			,			
	3				1,604,196.			1604196.
	4	,	tov overnet band r		2,001,150.			10011200.
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
			6a					
	k	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	c	Net rental income or (loss)_						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 3,002,575.					
	b	Less: cost or other basis						
e		and sales expenses	7b 2,599,122.					
enı			7c 403,453.					
Revenue		Net gain or (loss)			403,453.			403,453.
er F		Gross income from fundraising			, -			
Oth	0.0	including \$2,3°						
O								
		contributions reported on li	· · · · · · · · · · · · · · · · · · ·	84,405.				
	_	Part IV, line 18						
		Less: direct expenses		197,409.	112 004			112.004
		Net income or (loss) from fu			-113,084.			-113,084.
	9 a	Gross income from gaming						
		Part IV, line 19		1				
		Less: direct expenses)				
	c	Net income or (loss) from ga	aming activities					
	10 a	Gross sales of inventory, les	ss returns					
		and allowances	10:	a				
	b	Less: cost of goods sold		b				
		Net income or (loss) from sa		•				
			in the second of	Business Code				
Sn	11 a	•						
eo ue								
Miscellaneous Revenue	b							
sce Be	C							
Σ	C	All other revenue						
	e	Total. Add lines 11a-11d			04.44=	FA:		100:
	12	Total revenue. See instruction	19		24,417,660.	584,567.	Ο.	1894565.

POLICY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon			/6	(-)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	2,092,582.	1,381,076.	366,248.	345,258
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	8,227,760.	6,876,109.	633,728.	717,923
8	Pension plan accruals and contributions (include	-	-		•
	section 401(k) and 403(b) employer contributions)	556,308.	473,709.	36,980.	<u>45</u> ,619
9	Other employee benefits	1,109,127.	950,826.	68,894.	45,619 89,407
10	Payroll taxes	609,655.	473,672.	78,738.	57,245
11	Fees for services (nonemployees):				
а	Management				
b	Legal	53,221.		53,221.	
С	Accounting	55,915.		55,915.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	65,000.			65,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	809,343.	631,188.	169,236.	8,919
12	Advertising and promotion	44,047.	8,530.	35,517.	
13	Office expenses	371,767.	221,290.	118,556.	31,921
14	Information technology	403,458.	329,967.	34,683.	38,808
15	Royalties	1 200 000	1 1 2 2 1 4 4	106 617	405 454
16	Occupancy	1,399,932.	1,138,144.	126,617.	135,171
17	Travel	781,683.	743,446.	1,932.	36,305
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F70 F10	F1F 047	10 000	F1 001
19	Conferences, conventions, and meetings	578,510.	515,247.	12,032.	51,231
20	Interest				
21	Payments to affiliates	00 716	00 260	0 001	0 E3E
22	Depreciation, depletion, and amortization	98,716. 223,020.	80,260. 181,342.	8,921.	9,535, 21,538,
23	Insurance	443,040.	101,342.	20,140.	ZI,538
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	AUDIO VISUAL	123,777.	115,731.	4,812.	3,234
b	DD THEFTIC & DDODUGETON	75,858.	66,832.	,	9,026
c	RESEARCH MATERIALS	59,230.	56,993.	542.	1,695
d	DUGING DELATIONS	42,577.	36,276.	2,370.	3,931
	All other expenses	35,471.	8,786.	19,753.	6,932
25	Total functional expenses. Add lines 1 through 24e	17,816,957.	14,289,424.	1,848,835.	1,678,698
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	-	-		-
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	448,400.	323,956.	0.	124,444

332010 12-21-23

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			282.	1	282
	2	Savings and temporary cash investments			14,822,575.	2	18,090,855
	3	Pledges and grants receivable, net			7,953,757.	3	8,226,813
	4	Accounts receivable, net			304,755.	4	600,554
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ıntial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualification					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			213,689.	9	811,754
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,704,160.	224 452		100 000
	b	Less: accumulated depreciation		1,521,190.	224,462.	10c	182,970
	11	Investments - publicly traded securities			20,136,485.	11	25,678,300
	12	Investments - other securities. See Part IV, line 1			24,365,118.	12	27,641,306
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			10 500 556	14	0 001 000
	15	Other assets. See Part IV, line 11			10,580,556.	15	9,871,200
_	16	Total assets. Add lines 1 through 15 (must equa			78,601,679.	16	91,104,034
	17	Accounts payable and accrued expenses			1,218,029.	17	1,582,842
	18	Grants payable		18	00 026		
	19	Deferred revenue				19	82,836
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or former					
┋		trustee, key employee, creator or founder, substa					
Liabilities	00	controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines		1			
		of Schedule D	17-24)	. Complete Part X	12,598,681.	25	11,727,393
	26	Total liabilities. Add lines 17 through 25			13,816,710.		13,393,071
	20	Organizations that follow FASB ASC 958, chec			13/010//100	20	10/000/071
Sa		and complete lines 27, 28, 32, and 33.	at Hort	, <u></u>			
Š	27	, , ,			56,703,097.	27	69,155,528
33	28	Net assets with donor restrictions			8,081,872.	28	8,555,435
ᅙ		Organizations that do not follow FASB ASC 95			.,,.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
בַ		and complete lines 29 through 33.	-,				
ة	29	Capital stock or trust principal, or current funds		1		29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			64,784,969.	32	77,710,963
4	33				78,601,679.	33	91,104,034

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>60.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				57.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	,60	0,7	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	,78	4,9	69.
5	Net unrealized gains (losses) on investments	5	6	,59	9,4	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-27	4,1	93.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	77	,71	0,9	63.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:		- 1			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		[2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		[
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		[За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t [
			I	OI-		

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Ope

2023

Open to Public Inspection

WASHINGTON INSTITUTE FOR NEAR EAST **Employer identification number** Name of the organization POLICY 52-1376034 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19639786.	20504922.	16743208.	15229300.	21938528.	94055744.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19639786.	20504922.	16743208.	15229300.	21938528.	94055744.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19765666.
6	Public support. Subtract line 5 from line 4.						74290078.
	ction B. Total Support		ı	ı	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	19639786.	20504922.	16743208.	15229300.	21938528.	94055744.
	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1499020.	1643635.	2119331.	1989250.	1604196.	8855432.
a	Net income from unrelated business		20130331	22233321	23032301	20012500	0000101
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,463.	248.		2,711.
11	Total support. Add lines 7 through 10			2,2001	2101		102913887
	Gross receipts from related activities,	etc (see instruction	ne)			12 2	2,002,538.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			.,002,000
10	organization, check this box and sto						
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (column (f))		14	72.19 %
	Public support percentage from 2022					15	75.61 %
	33 1/3% support test - 2023. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the						
	and stop here. The organization qua	•		•		•	
179	10% -facts-and-circumstances test						
17 a		ū					•
	and if the organization meets the fact			=		_	
J.	meets the facts-and-circumstances to	-	•	*	-		
0	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ				•		H
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(=)	(-,	(-)	(-,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	;					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2023	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3 % support tests - 2023. If the	e organization did ı	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2022. If the	e organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2		
За		
3b		
3c		
30		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
104		
10b		
ıle A (Forn	n 990)	2023

332024 12-21-23

Sche	dule A (Form 990) 2023 POLICY 52-13	7603	4 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	- ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			l
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
	<i>y</i> 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	<u>supported organizations played in this regard.</u> tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)_		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	16)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Vos" or "No" provide details in Part VI	3a		

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*332025 12-21-23

Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Sche	dule A (Form 990) 2023 POLICY			02-13/0034 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

instructions).

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Filers of	:	Section:						
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer "	No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,080,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$2,251,989.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 1,948,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	* 835,043.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization
WASHINGTON INSTITUTE FOR NEAR EAST
POLICY

Employer identification number
52-1376034

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,200 SHARES OF AMZN		
5			05/09/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	325 SHARES OF AMZN	_	
5			06/05/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	267 SHARES OF BRKB	_	
5			
			06/05/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,050 SHARES OF DFAT		
5			_08/14/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** WASHINGTON INSTITUTE FOR NEAR EAST POLICY 52-1376034 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number 52-1376034

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
	impermissible private benefit?		Yes No
Pa			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing cons	ervation easements during the vear
		J , , , , , , , , , , , , , , , , , , ,	<i>5</i> ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	ements that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its Dark VIII the text of the feature to the fe		•
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			The state of the s
2	If the organization received or held works of art, historical trea		ncial gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

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Pai	t III Organizations Maintaining Co	llections of Art	t, Historical Tre	asures, or Othe	er Simi	lar Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	significar	nt use of its		-	
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	b Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be mair	ntained as part of th	ne organization's col	lection?			Yes		No
Pai	t IV Escrow and Custodial Arrange	ements Complet	te if the organization	answered "Yes" or	Form 99	90, Part IV, li	ne 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar	n, or other intermed	diary for contribution	s or other assets no	t include	d			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII ar								
							Amount		
С	Beginning balance				10	;			
	Additions during the year					ł			
е	Distributions during the year					,			
f	Ending balance				11	•			
2a	Did the organization include an amount on For				ility?		Yes		No
	If "Yes," explain the arrangement in Part XIII. C				•				
Pai									
	1	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years b	ack
1a	Beginning of year balance	1,103,575.	1,208,827.	1,085,409.	1	,027,497.			
b	Contributions						1,	000,0	00.
С	Net investment earnings, gains, and losses	125,617.	-105,252.	123,418.		57,912.		27,4	197.
d	Grants or scholarships	,	,	,		<u>, </u>			
	Other expenditures for facilities								
·									
f	Administrative expenses								
g	End of year balance	1,229,192.	1,103,575.	1,208,827.	1	,085,409.	1	027,4	197.
2	Provide the estimated percentage of the current					, , <u></u>		,	
a	Board designated or quasi-endowment	.0000	%	Ticia as.					
b	Permanent endowment 100	%	_′°						
	Term endowment .0000 %								
·	The percentages on lines 2a, 2b, and 2c should								
32	Are there endowment funds not in the possess	•	tion that are held an	d administered for t	the				
oa	organization by:	son or the organiza	tion that are ned an	a administered for t			ſ	Yes	No
	(i) Unrelated organizations?						3a(i)		X
	(m) D						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization		ed on Schedule R2				3b		
4	Describe in Part XIII the intended uses of the o						30		
	t VI Land, Buildings, and Equipme		willent fullus.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Part X	Cline 10				
	Description of property	(a) Cost or o			Accumul		(d) Bool	c value	
	Description of property	basis (investr	` '	' '	epreciati	I	(u) 500	\ value	
10	Land	`		(==.75.)	_ p. 56,ati				
_	Land	I							
b	Buildings Leasehold improvements			3,992.	2	266.		L,72	6
q					518,			L, 24	
d	Equipment		1,70	<u> </u>	<u> </u>	<u> </u>		., 47	<u> </u>
	Other		V //	(D))			1 2 '	2,97	70
rota	l. Add lines 1a through 1e. (Column (d) must equ	uai ⊢orm 990. Part i	x. iine 10c. column	(B))			Ŧ 0 4	., ., 1	٠.

Schedule D (Form 990) 2023 POLICY		5:	2-1376034 Page 3
Part VII Investments - Other Securities	5 000 B 1 N 11 4	41.0.5.000.5.17.15.40	
Complete if the organization answered "Yes"			- d - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) LIMITED PARTNERSHIPS	17,342,003.	END-OF-YEAR MARKET	י זוז.דגעז י
(B) LIMITED INVESTMENTS	10,299,303.	END-OF-YEAR MARKET	
(C)	10,233,3031		. VIIIOI
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	27,641,306.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	Farma 000 Bart IV line 1	1d Con Farms 2000 Port V line 15	
Complete if the organization answered "Yes"	Description	Id. See Form 990, Part A, line 15.	(b) Book value
DEDOGERG	Description		35,678.
(2) CASH SURRENDER VALUE OF L	FF TNGIIDANCE		30,644.
(3) DEFERRED COMPENSATION ASSI			2,037,518.
(4) RIGHT-OF-USE ASSET	110		7,767,360.
(5)			1770773000
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column	'. (B))		9,871,200.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			2,037,518.
(3) OPERATING LEASE LIABILITY			9,689,875.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			11 505 222
Total. (Column (b) must equal Form 990, Part X, line 25, col	<i>!. (B))</i>		11,727,393.

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

Schedule D (Form 990) 2023

POLICY

52-1376034 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn	_		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			.		
1	Total revenue, gains, and other support per audited financial statements			1_	31,176,669.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	6,599,484.				
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)		197,489.				
е	Add lines 2a through 2d			2e	6,796,973.		
3	Subtract line 2e from line 1			3	6,796,973.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,964.				
b	Other (Describe in Part XIII.)		•				
	Add lines 4a and 4b			4c	37,964.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	37,964. 24,417,660.		
	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per F		n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.					
1	Total expenses and losses per audited financial statements			1	17,976,482.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,		
_ _a	Donated services and use of facilities	2a					
h	Prior year adjustments			-			
0		_		-			
d	Other (Describe in Part XIII.)		197,489.	-			
			-	20	197 489		
_	•			2e 3	197,489. 17,778,993.		
3	Subtract line 2e from line 1			3	11,110,995.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	27 064				
a	Investment expenses not included on Form 990, Part VIII, line 7b		37,964.				
b	Other (Describe in Part XIII.)	4b			27.064		
	Add lines 4a and 4b			4c	37,964. 17,816,957.		
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information			5	17,010,957.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part	X, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional info	rmation.				
ם אם	om v time 1.						
PAI	RT V, LINE 4:						
тит	F ENDOWMEND WILL BIND DUE TIECLED FELLOWS	מדטי					
1111	E ENDOWMENT WILL FUND THE ZIEGLER FELLOWS	опть.					
D 3 E							
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:						
THE	IDDATATNA EVENU EVDENAEA DEDODUED AA EVDE	TAO EDIAG	mira		107 400		
FUL	IDRAISING EVENT EXPENSES REPORTED AS EXPE	INSE ON	THE		197,489.		
	TANGTAL GERMENEG AND NEED AGAINGE	7ENTITE (N	•				
F. T.L	NANCIAL STATEMENTS AND NETTED AGAINST REV	ENUE ON					
FOF	RM 990, PART VIII, LINE 8C.						
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
					105 100		
<u>FUN</u>	FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 197,489.						
FIN	NANCIAL STATEMENTS AND NETTED AGAINST REV	ENUE ON	<u> </u>				
FOF	RM 990, PART VIII, LINE 8C.						
332054	99-28-23			Sche	dule D (Form 990) 2023		

WASHINGTON INSTITUTE FOR NEAR EAST

Schedule D (Form 990) 2023	POLICY	52-1376034	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (continued)		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number

52-1376034 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE 10 PROGRAM SERVICES SEE PART V 493,555. MIDDLE EAST AND NORTH AFRICA 0 PROGRAM SERVICES SEE PART V 11 364,296. EAST ASIA AND THE 0 PACIFIC 3 PROGRAM SERVICES SEE PART V 8,853. NORTH AMERICA 0 1 PROGRAM SERVICES SEE PART V 5,972. RUSSIA AND NEIGHBORING STATES 0 0 PROGRAM SERVICES SEE PART V 203. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS IN REGION 21,312,747. 0 25 22,185,626. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

22,185,626.

and 3b)

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Forten tested mounts on of								

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

³ Enter total number of other organizations or entities

			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Type of grant or assistance	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients cash grant (d) Amount of cash disbursement (f) Amount of noncash	Type of grant or assistance (b) Region (c) Number of recipients cash grant (d) Amount of cash disbursement (f) Amount of noncash assistance

Schedule F (Form 990) 2023 I Part IV Foreign Forms POLICY

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

Schedule F (Form 990) 2023

Part V | Supplemental Information

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

PART I, LINE 3, COLUMN (E): PROGRAM SERVICES DESCRIPTION BY REGION: REGION: EUROPE (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL FOR STAFF TO ATTEND CONFERENCES AND TO CONDUCT RESEARCH IN EUROPE CONCERNING THEIR PARTICULAR RESEARCH PROGRAM. AS WELL AS TRAVEL FOR A TRUSTEE MISSION TO EUROPE WHOSE PURPOSE WAS TO PROMOTE INSTITUTE RELATIONS WITH POLITICAL, MILITARY, DIPLOMATIC AND ECONOMIC LEADERS IN THE REGION; BROADEN THE REACH OF INSTITUTE RESEARCH AND ANALYSIS THROUGH TRUSTEE AND STAFF CONTACTS WITH LEADERS AND EXPERTS; AND DEEPEN TRUSTEE UNDERSTANDING OF CRITICAL ISSUES ESSENTIAL TO THEIR LEADERSHIP ROLES IN THE ORGANIZATION. TRUSTEES REIMBURSE THE ORGANIZATION FOR TRAVEL EXPENSES THROUGH PROGRAM REVENUE. ALSO INCLUDED WERE FEES PAID TO INDEPENDENT CONTRACTORS FOR COMMISSIONED WRITINGS ON VARIOUS TOPICS CONCERNING POLITICAL AND SECURITY DEVELOPMENTS IN THE MIDDLE EAST. IN ADDITION, FEES WERE PAID TO INDEPENDENT CONTRACTORS PERFORMING TRANSLATION AND EDITING SERVICES FOR THE INSTITUTE'S PERSIAN AND ARABIC WEBSITES AND PRODUCTION FEES FOR A PODCAST SERIES.

REGION: MIDDLE EAST AND NORTH AFRICA (E) SPECIFIC TYPES OF SERVICES IN

REGION: TRAVEL FOR STAFF TO CONDUCT RESEARCH IN THE MIDDLE EAST

CONCERNING THEIR PARTICULAR TYPE OF RESEARCH PROGRAM. ALSO INCLUDED

WERE FEES PAID TO INDEPENDENT CONTRACTORS FOR ANALYSIS CONCERNING

MIDDLE EASTERN POLITICAL AND SECURITY ISSUES AS WELL AS FOR

COMMISSIONED WRITINGS ON VARIOUS TOPICS CONCERNING POLITICAL AND

SECURITY DEVELOPMENTS IN THE MIDDLE EAST. IN ADDITION, FEES WERE PAID

TO POLLING RESEARCH ORGANIZATIONS TO CONDUCT PUBLIC OPINION POLLS

REGARDING POLITICAL PUBLIC OPINIONS IN THE MIDDLE EAST AS WELL AS

PODCAST ADVERTISING FEES AND FEES PAID FOR LANGUAGE LESSONS,

Schedule F (Form 990) 2023

POLICY 52-1376034 Schedule F (Form 990) 2023 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. TRANSLATIONS, AND EDITING SERVICES. REGION: EAST ASIA AND THE PACIFIC (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL FOR STAFF TO CONDUCT RESEARCH/ATTEND CONFERENCES IN THE REGION. ALSO INCLUDED WERE FEES PAID TO INDEPENDENT CONTRACTORS FOR COMMISSIONED WRITINGS ON VARIOUS TOPICS CONCERNING POLITICAL AND SECURITY DEVELOPMENTS AFFECTING THE MIDDLE EAST. REGION: NORTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL FOR STAFF TO CONDUCT RESEARCH/ATTEND CONFERENCES IN THE REGION. ALSO INCLUDED WERE FEES PAID TO AN INDEPENDENT CONTRACTOR FOR A COMMISSIONED WRITING CONCERNING POLITICAL DEVELOPMENTS IN THE MIDDLE EAST. REGION: RUSSIA AND NEIGHBORING STATES (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL FOR STAFF TO CONDUCT RESEARCH/ATTEND CONFERENCES IN THE REGION.

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

POLICY	TON INSTITUTE FOR	NEAL	K E/	AST	52-1376	entification number 5034
Part I Fundraising Activities required to complete this part	- Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I		
Indicate whether the organization rais X Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations X In-person solicitations	sed funds through any of the following of the following with a Solicitate of the sol	ation of ation of I fundra (includ	non-g gover aising ding of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BARBI ZAKIN EVENTS - 370 EAST 76 ST, SUITE B503, NEW YORK,	FUNDRAISING STRATEGY/EVENTS	Yes	No X	2,460,444.	65,000	. 2,395,444.
Total				2,460,444.	65,000	. 2,395,444.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	egistration
AL, AK, AR, CA, CO, CT, DC, ND, NV, OH, OK, OR, PA, RI,			Œ,N	MD,MI,MN,MS	,MO,NH,NJ,	NM, NY, NC

332081 09-13-23

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

WASHINGTON INSTITUTE FOR NEAR EAST 52-1376034 Page 2 POLICY Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SCHOLAR NONE (add col. (a) through AWARD DINNER col. (c)) (event type) (event type) (total number) 2,460,444. 2,460,444. 1 Gross receipts 2,376,039. 2,376,039. 2 Less: Contributions 84,405. 84,405. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 114,138. 114,138. 7 Food and beverages 8 Entertainment 83,351. 83,351 9 Other direct expenses $\overline{197,489}$ **10** Direct expense summary. Add lines 4 through 9 in column (d) -113,084. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

b If "Yes," explain:

332082 09-13-23

WASHINGTON INSTITUTE FOR NEAR EAST

Schedule G (Form 990) 2023 POLICY	52-1376034 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
14 Efficient ne name and address of the person who prepares the organization's gaming/special events books and reco	inus.
Name	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	mount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
· · · · · · · · · · · · · · · · · · ·	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
	t iii tile
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (vicinity).	a): and Bart III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v), and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
COMEDINE C DADM T I THE OD I TOM OF MEN HITCHEOM DATE FUNDDA	T CED C
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	IISERS:
/->	
(I) NAME OF FUNDRAISER: BARBI ZAKIN EVENTS	
(I) ADDRESS OF FUNDRAISER: 370 EAST 76 ST, SUITE B503, NEW Y	ORK, NY 10021
PART I, LINE 2B, COLUMN (V):	
REIMBURSABLE EXPENSES WERE PAID FOR BARBI ZAKIN IN THE AMOUN	T OF \$692 FOR
	<u>.</u>
PROFESSIONAL FUNDRAISING EXPENSES. THE AGREEMENT WITH BARBI	ZAKIN CALLS
FOR THE REIMBURSEMENT OF OUT-OF-POCKET EXPENSES DIRECTLY ASS	
332083 09-13-23	Schedule G (Form 990) 2023
	50 50 50 500/ EUEU

Schedule G (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

WASHINGTON INSTITUTE FOR NEAR EAST POLICY

 $Employer\ identification\ number \\ 52-1376034$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The to any of lines are persons and provide the applicable amounts for each from in a art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBERT SATLOFF	(i)	591,615.	36,000.	0.	33,192.	41,118.	701,925.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MICHAEL SINGH	(i)	360,210.	0.	0.	33,192.	60,845.	454,247.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DENNIS ROSS	(i)	366,042.	0.	0.	33,192.	47,348.	446,582.	0.	
COUNSELOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DAVID MAKOVSKY	(i)	333,639.	0.	0.	33,192.	66,084.	432,915.	0.	
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MATTHEW LEVITT	(i)	316,685.	0.	0.	33,192.	61,697.	411,574.	0.	
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) LAURA HANNAH	(i)	243,179.	0.	0.	23,963.	53,681.	320,823.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DANIEL HECKELMAN	(i)	247,518.	0.	0.	24,125.	48,316.	319,959.	0.	
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) MICHAEL EISENSTADT	(i)	234,939.	0.	0.	22,745.	56,297.	313,981.	0.	
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) DAVID SCHENKER	(i)	261,034.	0.	0.	25,350.	23,849.	310,233.	0.	
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) PATRICK CLAWSON	(i)	246,889.	0.	0.	23,752.	24,987.	295,628.	0.	
DIRECTOR OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

POLICY

Page 3

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 7:						
ROBERT SATLOFF RECEIVED A MERIT-BASED BONUS DURING THE YEAR OF \$36,000.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

WASHINGTON INSTITUTE FOR NEAR EAST

Open to Public Inspection

Employer identification number

	POLICY				52	-13760	34	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determinir tribution am		}
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	32	1,567,571.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		+					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	Zation during	the tax year for e	ontributions				
29	for which the organization completed Form 82	7	•				0	
	for which the organization completed form oz	00, i ait v, L	Jonee Acknowledg	ement <u>23 </u>			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	ıh 28 that it		103	140
oou	must hold for at least 3 years from the date of	•		·	•			
	exempt purposes for the entire holding period	_		or sire required to be ased		30a		Х
b	If "Yes," describe the arrangement in Part II.	•				664		
31							х	
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?							Х
b	If "Yes," describe in Part II.					. 220		
33								
-	describe in Part II.	(-)	,,	(,	,			
For F	Paperwork Reduction Act Notice, see the Ins	tructions for	r Form 990.		Schedu	le M (Form	990)	2023

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number 52-1376034

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEADLOCK IN LIBYA; DEMOCRATIC BACKSLIDING IN TUNISIA; WASHINGTON'S

COMPLICATED BILATERAL RELATIONSHIP WITH ALGERIA, AND; CHINESE ECONOMIC

INROADS INTO NORTH AFRICAN ECONOMIES.

DAVID SCHENKER DIRECTED THE PROGRAM WITH THE SUPPORT OF 5 FULL-TIME SENIOR FELLOWS, CROSS-COLLABORATION WITH FELLOWS FROM OTHER PROGRAMS VISITING FELLOWS, AND NON-RESIDENT ASSOCIATES. ALL TOLD, IN 2023 SIXTEEN INSTITUTE SCHOLARS, ASSOCIATES, AND CONSULTANTS ALSO CONTRIBUTED TO THE WORK OF THE ARAB POLITICS PROGRAM. PROGRAM PARTICIPANTS APPEARED FREQUENTLY ON TELEVISION AND RADIO. THE INSTITUTE PUBLISHED MORE THAN 80 ARTICLES/PUBLICATIONS BY PROGRAM PARTICIPANTS ON ITS WEBSITE AND MANY OF THE ARTICLES APPEARED IN OTHER ONLINE PUBLICATION SITES AND NEWS OUTLETS. THE PROGRAM HELD FREQUENT EVENTS. INCLUDING BUT NOT LIMITED TO BI-WEEKLY VIRTUAL SESSIONS CONVENED ON AND CONVENED 51 ROUNDTABLES ON A BROAD RANGE OF TOPICS ATTENDED BY EXECUTIVE BRANCH PERSONNEL, NGO STAKEHOLDERS, AND THE WASHINGTON POLICYMAKING COMMUNITY. IN ADDITION, THE INSTITUTE ALSO HOSTED NINE VIRTUAL POLICY FORUM PANELS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN-PERSON STRATEGIC DIALOGUE AS WELL AS A SERIES OF VIRTUAL

MINI-DIALOGUES, 10 ONLINE POLICY FORUMS, AND 11 IN-HOUSE ROUNDTABLES.

THE PROGRAM ALSO PRODUCED A PODCAST SERIES AND MAINTAINS AN INTERACTIVE

WEBSITE TRACKING JEWISH SETTLEMENTS IN THE WEST BANK.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number 52-1376034

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF 2023, THE CTI TEAM PRODUCED A REGULAR FLOW OF TIMELY WRITTEN

ANALYSES, MAINTAINED REGULAR CONTACT WITH U.S. GOVERNMENT OFFICIALS,

ENGAGED WITH THE MEDIA, BRIEFED U.S. AND FOREIGN GOVERNMENT OFFICIALS,

HOSTED BOTH PUBLIC AND PRIVATE EVENTS, AND TRAVELED ABROAD TO CONDUCT

RESEARCH AND ATTEND CONFERENCES.

THE CTI PROGRAM IS LED BY DR. MATTHEW LEVITT, THE FOUNDING DIRECTOR OF
THE PROGRAM WHO CAME TO THE WASHINGTON INSTITUTE FROM THE FBI, WHERE HE
HAD SERVED AS A COUNTERTERRORISM ANALYST AND PLAYED LEADING ROLES IN
THE INVESTIGATIONS OF THE MILLENNIAL BOMB PLOT AND SEPTEMBER 11
ATTACKS. THE PROGRAM ALSO INCLUDES FELLOWS AARON ZELIN, WHO FOCUSES
PRIMARILY ON TRENDS IN GLOBAL SALAFI JIHADISM, AND DEVORAH MARGOLIN,
WHO WORKS ON ISSUES SURROUNDING REPATRIATION AND THE IMPACT OF
EXTREMISM ON WOMEN AND CHILDREN.

IN ADDITION, IN 2023, 4 INSTITUTE SCHOLARS AND 8 ASSOCIATES AND

CONSULTANTS ALSO CONTRIBUTED TO THE WORK OF THE CTI PROGRAM. CTI SENIOR

FELLOWS APPEARED FREQUENTLY ON TELEVISION AND RADIO, ESPECIALLY IN THE

MONTHS FOLLOWING HAMAS'S OCTOBER 7 ATTACK ON ISRAEL, AND TESTIFIED

BEFORE CONGRESS ON FOUR OCCASIONS. THE INSTITUTE PUBLISHED MORE THAN 38

ARTICLES/PUBLICATIONS BY PROGRAM PARTICIPANTS ON ITS WEBSITE, WITH MANY

OF THE ARTICLES APPEARING IN OTHER ONLINE PUBLICATION SITES AND NEWS

OUTLETS.

ADDITIONALLY, MATTHEW LEVITT PUBLISHED SEASON 2 (8 EPISODES) OF THE

INSTITUTE PODCAST, "BREAKING HEZBOLLAH'S GOLDEN RULE," AND BOTH SEASONS

COMBINED RECEIVED OVER 44,000 DOWNLOADS BETWEEN JANUARY AND DECEMBER

Name of the organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number 52-1376034

2023. THE PROGRAM HELD 7 POLICY FORUMS, 28 COUNTERING VIOLENT EXTREMISM

ROUNDTABLES, AND 16 COMBATING FINANCING OF TERRORISM ROUNDTABLES.

ADDITIONALLY, THE PROGRAM LAUNCHED THE ISLAMIC STATE INTERACTIVE MAP

AND MADE SIGNIFICANT PROGRESS ON DEVELOPING THE IRANIAN EXTERNAL

OPERATIONS MAP, WHICH WILL BE RELEASED MID-2024.

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

VITERBI PROGRAM ON IRAN AND U.S. POLICY

EXPENSES \$ 1,664,834. INCLUDING GRANTS OF \$ 0. REVENUE \$ 132,645.

GLAZER FOUNDATION PROGRAM ON GREAT POWER COMPETITION AND THE MIDDLE

EAST

EXPENSES \$ 1,208,357. INCLUDING GRANTS OF \$ 0. REVENUE \$ 132,643.

MILITARY AND SECURITY STUDIES PROGRAM

EXPENSES \$ 1,182,143. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,795.

PROJECT FIKRA (ARABIC-ENGLISH ANALYTICAL AND POLICY EXCHANGE PROGRAM)

EXPENSES \$ 1,156,808. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,795.

TURKISH RESEARCH PROGRAM

EXPENSES \$ 1,007,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,795.

BERNSTEIN PROGRAM ON GULF AND ENERGY POLICY

EXPENSES \$ 1,001,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,795.

FORM 990, PART VI, SECTION A, LINE 2:

JAMES AND ZACHARY SCHREIBER HAVE FAMILY AND BUSINESS RELATIONSHIPS. GARY

Schedule O (Form 990) 2023 Page **2**

Name of the organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY

Employer identification number 52-1376034

WEXLER AND ROBERT FROMER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE WASHINGTON INSTITUTE HAS ONE CLASS OF MEMBERSHIP: TRUSTEES

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR ELECTING THE BOARD OF DIRECTORS
AND THE OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXCEPT FOR SPECIAL CIRCUMSTANCES CITED IN THE BYLAWS, THE FOLLOWING ACTIONS

ARE RESERVED TO THE TRUSTEES: THE AUTHORITY TO ELECT DIRECTORS OR OFFICERS;

AND THE POWER TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF

MERGER OR CONSOLIDATION, ARRANGE FOR THE SALE, LEASE, EXCHANGE, MORTGAGE,

PLEDGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY

AND ASSETS OF THE CORPORATION OR EFFECT THE VOLUNTARY DISSOLUTION OF THE

CORPORATION OR REVOKE VOLUNTARY DISSOLUTION PROCEEDINGS.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. IT WAS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. EACH

MEMBER OF THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE DRAFT 990 AND

GIVEN THE OPPORTUNITY TO REVIEW IT BEFORE IT WAS FILED WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO

ALL DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES AND STAFF. EACH

COVERED INDIVIDUAL IS SENT A COPY OF THE POLICY AND ASKED TO ACKNOWLEDGE

THAT HE/SHE HAS RECEIVED IT, UNDERSTANDS IT, AND AGREES TO ABIDE BY ITS

TERMS. IN ADDITION, SENIOR STAFF ARE REQUIRED TO ANNUALLY COMPLETE A

FINANCIAL DISCLOSURE STATEMENT. THE ORGANIZATION'S CONFLICT OF INTEREST

POLICY REQUIRES THAT BOARD MEMBERS REPORT ANY POTENTIAL CONFLICT OF

INTEREST TO THE BOARD. AN INTERESTED PERSON WITH THE POTENTIAL CONFLICT IS

RECUSED FROM THE MEETING AND DOES NOT PARTICIPATE IN THE FINAL DISCUSSION

AND VOTING ON THE EXISTENCE OF THE CONFLICT. STAFF MEMBERS MUST DISCLOSE A

POTENTIAL CONFLICT OF INTEREST TO AN IMMEDIATE SUPERVISOR OR TO THE

EXECUTIVE DIRECTOR. IF THE EXECUTIVE DIRECTOR HAS A POTENTIAL CONFLICT OF

INTEREST, S/HE DISCLOSES IT TO THE INSTITUTE'S PRESIDENT OR HIS/HER

DESIGNEE, WHO DETERMINES THE EXISTENCE OF A CONFLICT. AT HIS/HER

DISCRETION, THE PRESIDENT MAY REFER THE MATTER TO A COMMITTEE OF THE BOARD

OR THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR, THE CHIEF FINANCIAL OFFICER AND THE FIVE HIGHEST COMPENSATED

EMPLOYEES, WHO INCLUDE THE KEY EMPLOYEES OF THE ORGANIZATION, TO DETERMINE

THE APPROPRIATENESS OF THE COMPENSATION (INCLUDING BENEFITS). COMPARATIVE

DATA WAS USED IN THE REVIEW. THE COMPENSATION COMMITTEE'S RECOMMENDATIONS

ARE PRESENTED TO THE BOARD OF DIRECTORS AND, AFTER A DISCUSSION AND REVIEW,

THE BOARD APPROVES OR DISAPPROVES THE PROPOSED COMPENSATION. THE DECISION

IS RECORDED IN THE MINUTES OF THE BOARD OF DIRECTORS MEETING. THE REVIEW

PROCESS FOR 2023 COMPENSATION WAS UNDERTAKEN IN MARCH 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

Name of the organization WASHINGTON INSTITUTE FOR NEAR EAST POLICY	Employer identification number 52-1376034
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST
POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS FROM FLOOD, NET OF INSURANCE REVENUE	-274,193.