· 990-T	** ;	AMENDED R Exempt O	eturn - R r <b>ganizatio</b>	REPEAL on Bus	of sine	SECTION 5	12( Ta	A)(7) x:Retur	,રૂ.4∙ n L	OMB NO	3 U 6 1545-0687	
	·   -		(and proxy	tax und	er se	ction 6033(e))		1. 10	~ [	01	140	
• / •	For calendar year 2018 or other tax year beginning						, and ending			<b>2</b> l	<b>)18</b>	
		► Go t	o www.irs.gov/Forn	n990T for ir	structio	ons and the latest info	rmatic	n.	_ [			
Department of the Treasury Internal Revenue Service	▶					de public if your orga			).	Open to Pub 50 1(c)(3) Org	olic Inspection for panizations Only	
A Check box if	Tolleck nox ii   Maille of organization ( ) officer nox ii hame changed and see insuluctions.)										ation number , see	
address chang	ed	WASHINGTON INSTITUTE FOR NEAR EAST								ictions)	,	
B Exempt under section	on Print	POLICY						52-1376034				
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.  1111 19TH STREET NW , NO . 500  City or town, state or province, country, and ZIP or foreign postal code							(See instructions )			
408(e)220	(e) Type								(000 1120 00120 10 )			
408A530	(a)											
529(a)									900	00099		
C Book value of all assets	ok value of all assets  F Group exemption number (See instructions.)											
49,282	49, 282, 023. G Check organization type X 501(c) corporation 501(c) trust 401(a) t										Other trust	
H Enter the number of the organization's unrelated trades or businesses.   Describe the only (or first) unrel												
trade or business here > REPEAL OF SECTION 512(A)(7). If only one, complete Parts I-V. If m										than one,		
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or												
business, then compl	lete Parts III	I-V.										
I During the tax year, v	was the corp	poration a subsidiary	ın an affiliated grou	ip or a parei	nt-subsi	diary controlled group	? .		Ye	s 🔲	No	
If "Yes," enter the nam	ne and iden	tifying number of th	e parent corporation	ı. ▶								
J The books are in care of LAURA HANNAH Tele							phone	number 🕨	(202	)452-		
Part I Unrela	ted Tra	de or Busines	s Income			(A) Income		(B) Expense	28	(1	C) Net	
1a Gross receipts or	sales											
b Less returns and a	allowances		c Balance		1c					L		
2 Cost of goods sol	d (Schedule	A, line 7)		_	2						<u> </u>	
3 Gross profit. Subtract line 2 from line 1c												
4a Capital gain net income (attach Schedule D)												
b Net gain (loss) (Fo	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)						1	DECE	=1\/F	FD		
c Capital loss deduc							Π.	TILOT		ري — ا	2	
5 Income (loss) from a partnership or an S corporation (attach ctatement)							ဖ	un. C	N 49 *11	in C	3	
6 Rent income (Sch							छ	NOV 2	3 3 2		<u>N</u>	
·	Unrelated debt-financed income (Schedule E)						100			9	¥	
	, , ,							00,00	C Ni	IT		
• 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					9				a morely	-		
10 Explorted exempt activity income (Schedule I)							1					
• •							$\top$					
							╅					
13 Total. Combine l					13	0	•					
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)												
(Except for contributions, deductions must be directly connected with the unrelated business income.)												
14 Compensation of	f officers, di	rectors, and trustee	s (Schedule K)						14			
15 Salaries and wag	jes .								15			
16 Repairs and mail									16			
17 Bad debts									17			
18 Interest (attach s		ee instructions)							18			
									19			
20 Charitable contri	butions (Se	e instructions for lin	ntation rules)						20			
21 Depreciation (att								.,, .,				
•		n Schedule A and el	sewhere on return	• •		22a	-	· · · · · ·	22b	l		
23 Depletion				• • •		···· • • • • • • • • • • • • • • • • •			23			
•	deferred co	mpensation plans		•			•		24			
25 Employee benefi		•		• •		• •	•		25			
26 Excess exempt e				•		•	• •	•	28			
27 Excess readershi		hadula IV							27	<del> </del>	<del></del>	
28 Other deductions	· ·	hadula)	• • •	•	• •	• • •	•	• • • • •	28	<del></del>		
	•	14 through 28		• •				•	29	<del>                                     </del>	0.	
		ncome before net of	 norating loce deduct						30	<del></del>	0.	
									31	<del> </del>	<del></del>	
										<del> </del>	0.	
32 Unrelated busine	SS IAXADIE I	HOUSE SUDGRET IIN	16 9311 1110 11 1 5	<u></u>		<u> </u>		<u> </u>	32			

Form **990-T** (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

823711 01-09-19

Firm's address ▶ BETHESDA, MD 20814-2930

Phone no. (301) 951-9090

Form 990-T (2018)

FOOTNOTES

STATEMENT

1

## AMENDED RETURN:

DUE TO THE SECTION 512(A)(7) REPEAL, THE FOLLOWING LINES WERE ADJUSTED: PART II LINES 19, 28, 29, 30, 32 PART III LINES 33, 34, 36, 38 PART IV LINES 39, 44 PART V LINES 46, 48, & 54-55