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Part III Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA LEBANON AND JORDAN THOROUGH PARTNERSHIPS AND CLOSE CONSULTATION WITH LOCAL GROUPS AND COMMUNITIES, RESPOND TO ECONOMIC, HEALTH AND EDUCATIONAL NEEDS WITH SUSTAINABLE SOLUTIONS AND DELIVER HUMANITARIAN AID DURING EMERGENCIES

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

☒

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?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 32,032,314 including grants of \$ 30,884,193) (Revenue \$)

HEALTH AND RELIEFANERA BEGAN ITS WORK IN THE MIDDLE EAST BY PROVIDING EMERGENCY RELIEF IMMEDIATELY AFTER THE 1967 ARAB-ISRAELI WAR. TODAY, AFTER 40 YEARS, ANERA COUNTINUES IT'S LEGACY OF ASSISTING LOCAL HEALTH CARE PROVIDERS TO DELIVER QUALITY SERVICES TO THEIR COMMUNITIES. WE ARE BUILDING HEALTH CLINICS, TRAINING HEALTH CARE WORKERS, COMBATING MALNUTRITION, AND PROMOTING DOABLE ACTIONS THAT PEOPLE CAN EMPLOY TO PROTECT THEIR HEALTH AND WELL-BEING. AT ALL LEVELS, ANERA IS ENSURING THAT PEOPLE INCREASINGLY HAVE ACCESS TO QUALITY HEALTH CARE AND A HEALTHIER LIFE.

4b

(Code) (Expenses \$ 14,046,900 including grants of \$ 11,774,434) (Revenue \$)

COMMUNITY AND ECONOMIC DEVELOPMENTAMERICAN NEAR EAST REFUGEE AID (ANERA) IS HELPING MEN AND WOMEN IN THE MIDDLE EAST PERSEVERE THROUGH DIFFICULT ECONOMIC TIMES. ANERA IS CREATING JOBS THAT REBUILD ESSENTIAL INFRASTRUCTURE, SUCH AS SCHOOLS, HEALTH CLINICS, AND WATER WELLS. WE ARE DESIGNING JOB TRAINING PROGRAMS AND HELPING ENTREPRENEURS SET UP SMALL LOCAL BUSINESSES. WITH PROJECTS SUCH AS THESE, PEOPLE ARE FINDING OPPORTUNITIES TO BECOME MORE SELF-SUFFICIENT AND SUPPORT THEIR FAMILIES AND COMMUNITIES.

4c

(Code) (Expenses \$ 2,074,531 including grants of \$ 1,819,894) (Revenue \$)

EDUCATIONFROM KINDERGARTEN TO POST-GRADUATE STUDIES, ANERA IS OPENING DOORS FOR PEOPLE IN THE MIDDLE EAST TO ACCESS OPPORTUNITIES FOR LEARNING. THROUGH INNOVATIVE PROJECTS THAT BUILD NEW SCHOOLS AND CLASSROOMS, PROMOTE AFTER-SCHOOL PROGRAMS, TEACH INFORMATION TECHNOLOGY, AND HELP DISADVANTAGED CHILDREN GO TO SCHOOL, ANERA IS HELPING PEOPLE OF ALL AGES UNCOVER THEIR POTENTIAL.

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 25,594 including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 48,179,339





Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	5	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	23	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: <u>IS, JO, LE</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			6a	No
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).				
a 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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			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				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
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			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	28	
b	Enter the number of voting members that are independent	1b	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CT , FL , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI , HI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	BILL HOPKINS CFO 1111 14TH STREET NW No 400 WASHINGTON, DC 20005 (202) 266-9700

1b	Total	505,992	0	89,166
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,175,708			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,000,652			
	g	Noncash contributions included in lines 1a-1f \$ 31,494,924					
	h	Total. Add lines 1a-1f		50,176,360			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		13,694		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	349,280			
b		Less direct expenses	b	71,056			
c		Net income or (loss) from fundraising events . .		278,224			278,224
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a	Other income		900,099	117,108	117,108		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		117,108				
12	Total revenue. See Instructions		50,585,386	117,108	0	291,918	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	44,478,521	44,478,521		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	583,517	335,428	219,734	28,355
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	2,653,271	1,549,074	982,095	122,102
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	126,395	65,234	52,895	8,266
9	Other employee benefits	450,570	232,545	188,560	29,465
10	Payroll taxes	157,826	81,456	66,049	10,321
11	Fees for services (non-employees)				
a	Management				
b	Legal	39,502	17,151	15,225	7,126
c	Accounting	121,878	52,917	46,976	21,985
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	443,840	192,705	171,070	80,065
12	Advertising and promotion				
13	Office expenses	790,177	549,987	104,198	135,992
14	Information technology				
15	Royalties				
16	Occupancy	471,064	196,501	274,563	
17	Travel	154,956	85,616	59,746	9,594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,165	41,333	29,012	820
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,403		58,403	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	technical Assistance	242,571	241,950	621	
b	intern expense	59,867	48,804	11,063	
c	other	25,998	10,117	15,467	414
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	50,929,521	48,179,339	2,295,677	454,505
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			9,478,487	2	8,889,389
	3	Pledges and grants receivable, net			932,332	3	589,278
	4	Accounts receivable, net			31,462	4	72,330
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			155,313	8	1,891,760
	9	Prepaid expenses and deferred charges			163,131	9	162,879
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	493,411	145,734	10c	273,097
	b	Less accumulated depreciation	10b	220,314			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,906,459	16	11,878,733
Liabilities	17	Accounts payable and accrued expenses			1,131,009	17	1,466,723
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			75,545	25	1,057,672
	26	Total liabilities. Add lines 17 through 25			1,206,554	26	2,524,395
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,306,229	27	4,929,870
	28	Temporarily restricted net assets			5,332,573	28	4,361,265
	29	Permanently restricted net assets			61,103	29	63,203
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,699,905	33	9,354,338
	34	Total liabilities and net assets/fund balances			10,906,459	34	11,878,733

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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
- 5

☐

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).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	30,597,512	61,473,041	77,944,565	48,180,641	50,525,640	268,721,399
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	30,597,512	61,473,041	77,944,565	48,180,641	50,525,640	268,721,399
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						268,721,399

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	30,597,512	49,106	77,944,565	48,180,641	50,525,640	268,721,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,337	49,106	40,360	18,688	13,694	172,185
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		340	4,011	-12,332	117,108	109,127
11 Total support (Add lines 7 through 10)						269,002,711

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 900 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 920 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income other

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div></div><div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div></div><div><div><input type="checkbox"/> Preservation of open space</div></div></div></div>	
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<div>Yes</div> <div>No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<div>Yes</div> <div>No</div>
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,598,641	593,886			
b Contributions	299,639	994,740			
c Investment earnings or losses		10,015			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,898,280	1,598,641			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 97 000 % %

b

Permanent endowment ▶ 3 000 % %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		219,340	156,038	63,302
e Other		274,071	64,276	209,795
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				273,097

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	50,585,386
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,929,521
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-344,135
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,432
9	Total adjustments (net) Add lines 4 - 8	9	-1,432
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-345,567

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	50,655,010
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,432
e	Add lines 2a through 2d	2e	-1,432
3	Subtract line 2e from line 1	3	50,656,442
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-71,056
c	Add lines 4a and 4b	4c	-71,056
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	50,585,386

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	51,000,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	71,056
e	Add lines 2a through 2d	2e	71,056
3	Subtract line 2e from line 1	3	50,929,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	50,929,521

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Board designated net assets - As of May 31, 2010, board designated net assets that are to be used for emergencies and contingencies were \$1,835,177. Permanently restricted net assets. Contributions and other inflows of assets whose use is subject to donor-imposed stipulations that the principal must be maintained permanently by ANERA.
Part X	Description of Uncertain Tax Positions Under FIN 48	On June 1, 2009, ANERA adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, ANERA may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated ANERA's tax positions and concluded that ANERA had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, ANERA is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before May 31, 2007.
Part XI, Line 8 - Other Adjustments		foreign currency translation adjustment -1432
Part XII, Line 2d - Other Adjustments		foreign currency translation adjustment -1432
Part XII, Line 4b - Other Adjustments		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B - 71056
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 71056

OMB No. 1545-0047
2009
**Open to Public
 Inspection**

Employer identification number
52-0882226

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]

137

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

Additional Data

Software ID:
Software Version:
EIN: 52-0882226
Name: AMERICAN NEAR EAST REFUGEE AID

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Construction of music education hall	86,500	Check			
		Middle East and North Africa	Construction of music education hall	70,000	Wire			
		Middle East and North Africa	Scholarship assistance for music camp	1,500	Check			
		Middle East and North Africa	General support & to enhance music teaching	52,620	Check			
		Middle East and North Africa	Operating expenses for micro-credit program	20,000	Check			
		Middle East and North Africa	Operating expenses for micro-credit program	20,000	Wire			
		Middle East and North Africa	Support for children's summer camps	10,000	Check			
		Middle East and North Africa	Support for health activities	15,500	Check			
		Middle East and North Africa	Support for health activities	23,000	Check			
		Middle East and North Africa	Support for health activities	3,000	Check			
		Middle East and North Africa	Support for children's summer camps	10,000	Wire			
		Middle East and North Africa	Support for children's summer camps	9,987	Wire			
		Middle East and North Africa	Youth education scholraships	10,000	Wire			
		Middle East and North Africa	Youth education scholarships	10,000	Check			
		Middle East and North Africa	Youth education scholarships	10,000	Check			
		Middle East and North Africa	Purchase of library materials	2,750	Check			
		Middle East and North Africa	Renovations of school hall	20,000	Check			
		Middle East and North Africa	Purchase of library materials	500	Check			
		Middle East and North Africa	Youth education scholarships	10,000	Check			
		Middle East and North Africa	Youth education scholarships	10,000	Wire			
		Middle East and North Africa	Youth education scholarships	10,000	Wire			
		Middle East and North Africa	Renovations of school	7,000	Wire			
		Middle East and North Africa	Early childhood intervention program	30,200	Wire			
		Middle East and North Africa	General support	14,250	Check			
		Middle East and North Africa	Art workshps for women & unprivileged children	40,000	Wire			
		Middle East and North Africa	Youth education scholarships	10,000	Check			
		Middle East and North Africa	Youth education scholarships	10,000	Check			
		Middle East and North Africa	Playground construction	6,240	Check			
		Middle East and North Africa	Health education program	600	Check			
		Middle East and North Africa	Educational training	6,000	Check			

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Health education program	2,175	Check			
		Middle East and North Africa	Health education program	15,000	Check			
		Middle East and North Africa	Health education program	12,946	Check			
		Middle East and North Africa	Microenterprise training	5,000	Check			
		Middle East and North Africa	Health education program	4,500	Check			
		Middle East and North Africa	Cultural program	5,000	Check			
		Middle East and North Africa	General support	10,000	Check			
		Middle East and North Africa	General support	45,000	Check			
		Middle East and North Africa	Health program	6,285	Check			
		Middle East and North Africa	General support	15,000	Check			
		Middle East and North Africa	Agricultural program	21,375	Check			
		Middle East and North Africa	Medical Supplies			54,067	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			38,992	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			809,215	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			327,132	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			385,855	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			532,035	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			124,324	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			7,610	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			48,946	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			59,069	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			44,354	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			829,426	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			101,874	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			32,936	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			318,201	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			9,382	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			377,711	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			11,476	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			26,292	Medical Supplies	FMV

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Medical Supplies			88,991	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			353,860	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			35,994	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			19,231	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			125,726	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			5,578	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			12,609	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			82,177	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			247,413	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			518,370	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			35,437	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			979,867	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			167,820	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			601,536	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			144,260	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			87,434	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			191,262	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			275,986	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			14,367	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			61,891	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			428,833	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			149,642	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			289,209	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			63,043	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			95,300	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			18,771	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			100,421	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			10,650	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			467,787	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			265,717	Medical Supplies	FMV

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Medical Supplies			1,013,881	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			198,647	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			57,904	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			281,579	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			311,106	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			241,958	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			11,140	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			168,450	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			49,708	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			100,258	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			184,061	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			173,082	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			35,890	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			489,682	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			61,346	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			5,734	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			624,272	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			96,894	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			277,679	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			235,460	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			128,026	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			10,333	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			20,000	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			47,305	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			431,205	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			79,243	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			39,158	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			589,265	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			5,455	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			655,741	Medical Supplies	FMV

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Medical Supplies			5,116	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			63,881	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			156,064	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			49,780	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			136,515	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			108,782	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			444,483	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			162,692	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			64,050	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			679,390	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			1,251,955	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			154,874	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			457,358	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			975,671	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			409,671	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			5,223,062	Medical Supplies	FMV
		Middle East and North Africa	Medical Supplies			2,050,495	Medical Supplies	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN NEAR EAST REFUGEE AID

Employer identification number
52-0882226

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL DINNER (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	349,280		349,280
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	349,280		349,280
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	71,056		71,056
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					278,224

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
AMERICAN NEAR EAST REFUGEE AID

Employer identification number
52-0882226

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
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	X	73	29,096,378	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2009**Open to Public
Inspection****Name of the organization**
AMERICAN NEAR EAST REFUGEE AID**Employer identification number**

52-0882226

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THE CFO OF THE ORGANIZATION IT IS THEN MADE AVAILABLE TO THE PRESIDENT AND THE BOARD FOR FINAL APPROVAL
Form 990, Part VI, Section B, line 12c		ANERA'S CONFLICT OF INTEREST POLICY IS AN INTEGRAL PART OF IT'S CORPORATE BYLAWS ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INFORMED OF THE POLICY AND THE EXPECTATION OF COMPLIANCE PRIOR TO BEING NOMINATED FOR MEMBERSHIP ALL ANERA EMPLOYEES ARE INFORMED OF THE CONFLICT OF INTEREST POLICY AND EXPECTED COMPLIANCE THROUGH THE ANERA EMPLOYEE HANDBOOK ANERA REQUIRES SELF-REPORTING OF ANY POTENTIAL CONFLICT OF INTEREST BY BOARD MEMBERS AND EMPLOYEES MANAGEMENT REGULARLY REVIEWS TRANSACTIONS WITH POTENTIAL CONFLICT OF INTEREST AS ONE CRITERIA USED ALL BOARD MEMBERS AND EMPLOYEES ARE ALSO PROVIDED AN AVENUE TO REPORT POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOLVE OTHER BOARD MEMBERS OR EMPLOYEES
Form 990, Part VI, Section B, line 15		THE SALARY OF THE PRESIDENT AND VICE PRESIDENT ARE DETERMINED BY THE BOARD OF DIRECTORS THE PROCESS WAS LAST PERFORMED IN 2009
Form 990, Part VI, Section C, line 19		FINANCIAL STATEMENTS ARE AVAILABLE ON ANERA'S WEBSITE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 52-0882226
Name: AMERICAN NEAR EAST REFUGEE AID

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

4d. Other program services				
(Code) (Expenses \$	25,594	including grants of \$) (Revenue \$)
Public Education				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Curtis Brand CHAIR	1 00	X		X				0	0	0
Edward Skip Gnehm Jr VICE CHAIR	1 00	X		X				0	0	0
Mike de Graffenreid TREASURER	1 00	X		X				0	0	0
Mona Aboelnaga Kanaan DIRECTOR	1 00	X						0	0	0
Gaby Ajram DIRECTOR	1 00	X						0	0	0
marleine Davis DIRECTOR	1 00	X						0	0	0
George DeBakey DIRECTOR	1 00	X						0	0	0
Ronald Dudum DIRECTOR	1 00	X						0	0	0
James Gallagher DIRECTOR	1 00	X						0	0	0
Curtis Giesen DIRECTOR	1 00	X						0	0	0
James Hagerty DIRECTOR	1 00	X						0	0	0
Richard Hall DIRECTOR	1 00	X						0	0	0
Nadia Hijab DIRECTOR	1 00	X						0	0	0
Randa Fahmy Hudome DIRECTOR	1 00	X						0	0	0
Khalil Jahshan DIRECTOR	1 00	X						0	0	0
Judith Judd DIRECTOR	1 00	X						0	0	0
Vicken Kalbian DIRECTOR	1 00	X						0	0	0
Alfred Khoury DIRECTOR	1 00	X						0	0	0
Randa Mansour-Shousher DIRECTOR	1 00	X						0	0	0
Robert Mertz DIRECTOR	1 00	X						0	0	0
Ilham Nasser DIRECTOR	1 00	X						0	0	0
Frances Stickles DIRECTOR	1 00	X						0	0	0
Tom Veblen DIRECTOR	1 00	X						0	0	0
Amb Nicholas Veliotos DIRECTOR	1 00	X						0	0	0
James Walker DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ira Wender DIRECTOR	1 00	X						0	0	0
Oliver Zandonà DIRECTOR	1 00	X						0	0	0
Samar Zuaiter DIRECTOR	1 00	X						0	0	0
WILLIAM D CORCORAN PRESIDENT & CEO	40 00			X				190,697	0	27,648
PHILIP DAVIES VICE PRESIDENT	40 00			X				115,662	0	21,991
WILLIAM J HOPKINS CHIEF FINANCIAL OFFICER	40 00			X				135,608	0	10,489
KEN LIZZIO Country Off Dir, W Bank	40 00			X				0	0	0
JOHN VISTE Country Off Dir, LEBANON	40 00			X				64,025	0	29,038