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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 44,635,178 including grants of \$ 44,061,843) (Revenue \$)

HEALTH AND RELIEF AMERICAN NEAR EAST REFUGEE AID (ANERA) BEGAN ITS WORK IN THE MIDDLE EAST BY PROVIDING EMERGENCY RELIEF IMMEDIATELY AFTER THE 1967 ARAB-ISRAELI WAR TODAY, AFTER 45 YEARS, ANERA CONTINUES ITS LEGACY OF ASSISTING LOCAL HEALTH CARE PROVIDERS TO DELIVER QUALITY SERVICES TO THEIR COMMUNITIES WE ARE BUILDING HEALTH CLINICS, TRAINING HEALTH CARE WORKERS, DELIVERING MEDICINES, 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 \$ 9,575,084 including grants of \$ 5,942,543) (Revenue \$)

COMMUNITY AND ECONOMIC DEVELOPMENT ANERA IS HELPING MEN AND WOMEN IN THE MIDDLE EAST PERSEVERE THROUGH DIFFICULT ECONOMIC TIMES WE ARE 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 WHEN FAMILIES AND COMMUNITIES HAVE THE RESOURCES AND TOOLS TO SUCCEED, SO MUCH MORE THAN A WELL OR A SCHOOL OR A ROADWAY IS RESTORED THE EFFECTS RESONATE LONG AFTER THE COMPLETION OF ONE PROJECT THANKS TO EACH FAMILY'S INCREASED SELF-RELIANCE AND DETERMINATION TO IMPROVE THEIR LIVES

4c

(Code) (Expenses \$ 2,891,426 including grants of \$ 2,046,107) (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 JOB SKILLS, AND IMPROVE EARLY CHILDHOOD DEVELOPMENT, ANERA IS HELPING PEOPLE OF ALL AGES UNCOVER THEIR POTENTIAL

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

57,101,688

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b 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 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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

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

☒

			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1a	4
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			2a	18
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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 IS, JO, LE, OC See instructions for 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?			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	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a	
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			13b	
c Enter the amount of reserves on hand			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b	

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.

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

Section 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 in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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	Yes
b	Describe in 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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, CA, CT, FL, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV
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 made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DONNA LEE DIANE CFO 1111 14TH STREET NW STE 400 WASHINGTON, DC 20005 (202) 266-9700	

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

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 instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	820,543	0	99,137

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 5

		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>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a39,265			
	b	Membership dues	1b			
	c	Fundraising events	1c33,511			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e10,905,710			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f46,928,377			
	g	Noncash contributions included in lines 1a-1f \$	40,350,096			
	h	Total. Add lines 1a-1f	57,906,863			
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)	271			271
	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 \$ 33,511 of contributions reported on line 1c) See Part IV, line 18	a370,081			
	b	Less direct expenses	b97,555			
	c	Net income or (loss) from fundraising events	272,526			272,526
	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	9000991,965			1,965
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,965			
	12	Total revenue. See Instructions	58,181,625	0	0	274,762

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 response or note to any line in this Part IX

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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	52,050,493	52,050,493		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	567,618	383,953	157,864	25,801
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.	2,894,665	2,010,672	733,322	150,671
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	98,937	35,316	63,621	
9	Other employee benefits.	1,410,676	1,046,440	363,758	478
10	Payroll taxes.	210,627	125,041	72,446	13,140
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	36,474	19,364	16,415	695
c	Accounting.	133,394	34,385	99,009	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	230,559	70,257	58,854	101,448
12	Advertising and promotion.	25,736	6,200	2,954	16,582
13	Office expenses.	615,905	396,337	96,302	123,266
14	Information technology.	90,316	52,073	37,643	600
15	Royalties.				
16	Occupancy.	603,275	377,117	226,158	
17	Travel.	330,519	278,666	43,590	8,263
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	66,643	35,514	25,716	5,413
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	114,501	98,408	16,093	
23	Insurance.	23,718	215	23,503	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	TECHNICAL ASSISTANCE	77,821	77,821		
b	OTHER EXPENSES	9,920	3,416	4,764	1,740
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	59,591,797	57,101,688	2,042,012	448,097
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			5,230,195	2	7,167,711
	3	Pledges and grants receivable, net			1,216,418	3	1,156,071
	4	Accounts receivable, net			15,545	4	75,091
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,391,001	8	482,144
	9	Prepaid expenses and deferred charges			270,224	9	250,149
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	942,513	263,030	10c	275,598
	b	Less accumulated depreciation	10b	666,915			
	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)			10,386,413	16	9,406,764
Liabilities	17	Accounts payable and accrued expenses			1,879,250	17	2,145,599
	18	Grants payable			450,041	18	824,173
	19	Deferred revenue			197,942	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,527,233	26	2,969,772
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,284,070	27	3,412,983
	28	Temporarily restricted net assets			2,511,907	28	2,960,806
	29	Permanently restricted net assets			63,203	29	63,203
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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			7,859,180	33	6,436,992
	34	Total liabilities and net assets/fund balances			10,386,413	34	9,406,764

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,181,625
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,591,797
3	Revenue less expenses Subtract line 2 from line 1	3	-1,410,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,859,180
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	-12,016
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,436,992

Part 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 ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b	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	

Additional Data

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JOSEPH SABA CHAIR	1 00	X		X				0	0	0
JEAN NEWMAN GLOCK VICE CHAIR	1 00	X		X				0	0	0
TERESA BARGER TREASURER	1 00	X		X				0	0	0
MURAD SIAM SECRETARY	1 00	X		X				0	0	0
MARY AFIFI DIRECTOR	1 00	X						0	0	0
GABY AJRAM DIRECTOR	1 00	X						0	0	0
CURTIS BRAND DIRECTOR	1 00	X						0	0	0
SANDRA CHARLES DIRECTOR	1 00	X						0	0	0
KENNETH CLOSE DIRECTOR	1 00	X						0	0	0
GEORGE DEBAKEY DIRECTOR	1 00	X						0	0	0
MAZEN FAROUKI DIRECTOR	1 00	X						0	0	0
ILANA FELDMAN PHD DIRECTOR	1 00	X						0	0	0
JAMES GALLAGHER DIRECTOR	1 00	X						0	0	0
JEFFREY GHANNAM ESQ DIRECTOR	1 00	X						0	0	0
LAWRENCE HAMDAN DIRECTOR	1 00	X						0	0	0
KHALIL JAHSHAN DIRECTOR	1 00	X						0	0	0
RANDA MANSOUR-SHOUSER DIRECTOR	1 00	X						0	0	0
ROBERT ANTON MERTZ DIRECTOR	1 00	X						0	0	0
JOHN RICHARDSON DIRECTOR	1 00	X						0	0	0
ILHAM NASSER PHD DIRECTOR	1 00	X						0	0	0
JAMES SAMS DIRECTOR	1 00	X						0	0	0
JAY SCHNITZER MD PHD DIRECTOR	1 00	X						0	0	0
MUNA SHAMI PHD DIRECTOR	1 00	X						0	0	0
ABDALLAH SIMAIKA DIRECTOR	1 00	X						0	0	0
ROBERT TRICE 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARCELLE WAHBA DIRECTOR	1 00	X						0	0	0
ROCHDI YOUNSI PHD DIRECTOR	1 00	X						0	0	0
ALFRED KHOURY DIRECTOR	1 00	X						0	0	0
HAIG V KALBIAN DIRECTOR	1 00	X						0	0	0
DAVID NYGAARD PHD DIRECTOR	1 00	X						0	0	0
EDMUND R SAUMS DIRECTOR	1 00	X						0	0	0
PETER SCHOETTLE PHD DIRECTOR	1 00	X						0	0	0
MICHAEL G SAHOURI DIRECTOR	1 00	X						0	0	0
WILLIAM D CORCORAN PRESIDENT & CEO	40 00			X				193,466	0	33,496
DONNA LEE DIANE CFO	40 00			X				144,640	0	22,423
ELLEN GIORDANO VICE PRESIDENT	40 00			X				143,411	0	12,351
PAUL BUTLER COUNTRY DIRECTOR, WB/GAZA	40 00					X		167,074	0	11,842
JAMAL AL-AREF DEPUTY COUNTRY DIRECTOR, WB/GAZA	40 00					X		171,952	0	19,025

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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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 described in **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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 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 - Non-functionally integrated

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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	50,525,640	71,168,483	38,835,757	67,521,047	57,906,863	285,957,790
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	50,525,640	71,168,483	38,835,757	67,521,047	57,906,863	285,957,790
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						285,957,790

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	50,525,640	71,168,483	38,835,757	67,521,047	57,906,863	285,957,790
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,694	18,685	1,062	510	271	34,222
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	117,108	108,921	56,735	16,721	1,965	301,450
11 Total support (Add lines 7 through 10)						286,293,462
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.880%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99.880%
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a 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—2013. 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—2012. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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 ▶		
b 33 1/3% support tests—2012. 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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, SECTION A, PUBLIC SUPPORT	GIFTS, GRANTS AND CONTRIBUTIONS INCLUDE IN-KIND DONATIONS OF MEDICINE AND HEALTH SUPPLIES IN 2011, AN INDUSTRY WIDE RE-VALUATION DECREASED THE DOLLAR VALUE OF DONATIONS FOR IN-KIND ALTHOUGH NUMBERS OF IN-KIND SHIPMENTS REMAINED CONSISTENT WITH PRIOR YEARS GRANTS WERE CONSISTENT WITH PREVIOUS YEARS IN 2012 ACCELERATED DONATIONS OF IN-KIND AND ALSO GRANTS RAISED TOTAL PUBLIC SUPPORT AS INDICATED THIS TREND CONTINUES WITH THE EXCEPTION OF BRIEF PERIODS DURING THE START-UP OF NEW GRANTS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No	

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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?

☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,184,832	1,112,045	1,332,405	1,898,380	1,598,741
b Contributions	131,297	72,787	179,640	610,374	299,639
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			400,000	1,176,349	
f Administrative expenses					
g End of year balance	1,316,129	1,184,832	1,112,045	1,332,405	1,898,380

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

95 200 %
- b

Permanent endowment

4 800 %
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		549,494	360,691	188,803
e Other		393,019	306,224	86,795
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				275,598

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	58,267,164
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 XIII)	2d	-12,016
e	Add lines 2a through 2d	2e	-12,016
3	Subtract line 2e from line 1	3	58,279,180
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 XIII)	4b	-97,555
c	Add lines 4a and 4b	4c	-97,555
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	58,181,625

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	59,689,352
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 XIII)	2d	97,555
e	Add lines 2a through 2d	2e	97,555
3	Subtract line 2e from line 1	3	59,591,797
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	59,591,797

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	BOARD DESIGNATED NET ASSETS AS OF MAY 31, 2014, BOARD DESIGNATED NET ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE \$1,252,926 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 THE PERMANENTLY RESTRICTED NET ASSETS AS OF 05/31/2014 WERE IN THE AMOUNT OF \$63,203
PART X, LINE 2	ANERA IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, ANERA IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME AS DEFINED BY THE INTERNAL REVENUE SERVICE. DURING THE YEARS ENDED MAY 31, 2014 AND 2013, ANERA HAD NO TAXABLE UNRELATED BUSINESS INCOME AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES WAS REQUIRED IN THE ACCOMPANYING FINANCIAL STATEMENTS. ANERA FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. 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 DERECOGNITION, 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. GENERALLY, ANERA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	FOREIGN CURRENCY TRANSLATION ADJUSTMENT -12,016
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -97,555
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 97,555

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN NEAR EAST REFUGEE AID

Employer identification number
52-0882226

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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? ☒ Yes ☐ No
- 2 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	6	81			57,131,820
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	6	81			57,131,820

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

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

65

3

Enter total number of other organizations or entities ▶

90

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

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 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 Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

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 Instructions for Form 5471)*

☐

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 Instructions for Form 8621)*

☐

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 Instructions for Form 8865)*

☐

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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒

Yes

☐

No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ANERA VETS FUNDERS AND PROJECT PARTNERS WITH A SERIES OF ACTIONS THESE ACTIONS INCLUDE A VARIETY OF ELECTRONIC ANTI-TERRORISM FILTERS, U S SANCTIONS POLICIES, INFORMAL LOCAL KNOWLEDGE BY STAFF OF BACKGROUNDS, ANY ISSUES THAT MAY BE RAISED BY USAID, AND THE ADVICE OF OTHERS IN THE NGO COMMUNITY FIELD OFFICES ALSO QUALIFY PARTNERS BASED ON SKILL SETS AND PAST PERFORMANCE PROGRESS REPORTS ARE THEN REQUIRED AND LOCAL STAFF CONDUCT SITE VISITS TO CONFIRM PROGRESS INDEPENDENT AUDITS ARE OFTEN REQUIRED AS WELL AS A-133 AUDITS FOR THE US GOVERNMENT

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 6	THE ORGANIZATION HAS SOME CHARITABLE ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK BOX 6, O F PART IV OF SCHEDULE F AS YES FOR FORM 5713, HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRE LATED BUSINESS INCOME AND IS NOT REQUIRED TO FILE A FORM 990-T IN ADDITION, THE ORGANIZAT ION HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM 5713 AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED ABOVE, THE FORM 5713 IS PREPARED AND FILED SEP ARATELY

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	6	81	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES, BENEFITS, PROFESSIONAL FEES, TELEPHONE, TRAVEL	5,054,708
MIDDLE EAST AND NORTH AFRICA	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	5,147
MIDDLE EAST AND NORTH AFRICA	0	0	GENERAL MANAGEMENT	TRAVEL EXPENSES	15,962

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	TRAVEL EXPENSES	3,711
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		52,050,493
EUROPE	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	1,799

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	NURSING SCHOLARSHIP	31,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	7,084	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP AND VOCATIONAL TRAINING SUPPORT	25,270	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	10,281	CHECK			

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	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	90,784	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	26,008	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	18,387	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	63,975	CHECK			

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	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	9,710	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	23,072	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"	6,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR STUDENTS WITH HEARING IMPAIRMENT	50,000	CHECK			

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	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"	7,800	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	5,445	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	28,321	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	11,770	CHECK			

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	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	6,642	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR DIFFERENT HUMANITARIAN PROJECTS	5,781	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	14,086	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	96,592	CHECK			

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	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	33,800	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"	24,747	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	131,125	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	75,166	CHECK			

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	SUPPORT FOR ORPHANED CHILDREN	25,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"	14,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"	13,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT TO TREAT CHILDREN WITH DRUGS TO COMBAT INFESTATIONS OF INTESTINAL PARASITES	29,790	CHECK			

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	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	121,840	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	34,097	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	92,700	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR DIFFERENT HUMANITARIAN PROJECTS	10,000	CHECK	2,258,717	MEDS, MED SUPPLIES, FOOTBALLS , WINTER BOOTS, SHAMPOO, BABY WASH, CANVAS SHOES, RELIEF CLOTHES, AND DIAPERS	FMV

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	MEDS AND MED SUPPLIES			9,924,369	MEDS AND MED SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ASSORTED DISABLED AIDS			50,000	ASSORTED DISABLED AIDS	FMV
		MIDDLE EAST AND NORTH AFRICA	ASSORTED DISABLED AIDS			24,934	ASSORTED DISABLED AIDS	FMV
		MIDDLE EAST AND NORTH AFRICA	BABY KITS, HYGIENE KITS, SCHOOL KITS, QUILTS			1,073,818	BABY KITS, HYGIENE KITS, SCHOOL KITS, QUILTS	FMV

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	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	38,733	CHECK	40,002	FAMILY HYGIENE KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	688,245	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	45,700	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	7,142	CHECK			

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	INFRASTRUCTURE PROJECTS	72,507	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,263	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	16,207	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	684,320	CHECK			

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	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	22,250	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO DISTRIBUTE RAMADAN FOOD PACKAGES	10,322	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	63,643	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	141,972	CHECK			

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	INFRASTRUCTURE PROJECTS	43,265	CHECK			
		MIDDLE EAST AND NORTH AFRICA	RENOVATION OF SCHOOLS AND PARKS	89,789	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT CHILDREN IMPACTED BY FLOODING	27,520	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT CLINICAL SKILLS LABORATORY	9,300	CHECK			

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	INFRASTRUCTURE PROJECTS	619,493	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	91,891	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	125,128	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	77,000	CHECK			

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	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	10,447	CHECK			
		MIDDLE EAST AND NORTH AFRICA	UTILIZATION OF LOW COST TREATED WASTEWATER FOR IRRIGATION PROJECT	19,800	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	17,600	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	134,904	CHECK			

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	INFRASTRUCTURE PROJECTS	498,442	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	169,531	CHECK			
		MIDDLE EAST AND NORTH AFRICA	PARK RENOVATION	15,621	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	67,075	CHECK			

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	PARK RENOVATION	5,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CULTURAL EDUCATION	28,500	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	19,835	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	47,500	CHECK			

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	INFRASTRUCTURE PROJECTS	136,131	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	8,624	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	91,024	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,581	CHECK			

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	TO SUPPORT MUSICAL EDUCATION	73,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	542,012	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT FAMILIES IMPACTED BY FLOODING AND CHILDREN IMPACTED BY PARASITES WITH HYGIENE KITS	34,020	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	116,300	CHECK			

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	INFRASTRUCTURE PROJECTS	574,720	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	32,219	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	23,845	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,000	CHECK			

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	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	9,972	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,013	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	42,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	25,005	CHECK			

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	INFRASTRUCTURE PROJECTS	137,126	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO TREAT PRESCHOLOLERS FOR PARASITES	10,539	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,235	CHECK			
		MIDDLE EAST AND NORTH AFRICA	PARK RENOVATION	44,137	CHECK			

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	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN	14,990	CHECK			
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CULTURAL EDUCATION	9,500	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT PALESTINIAN MEDICAL RELIEF COMMITTEE	45,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	RECYCLING PROJECT IN GAZA	9,729	CHECK			

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	TO SUPPORT SCIENCE EDUCATION PROJECT	600,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,450	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,464	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,429	CHECK			

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

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		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,739	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	594,908	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	10,834	CHECK			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	47,237	CHECK			

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	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	8,080	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	115,643	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN	19,541	CHECK			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	34,982	CHECK			

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	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	67,566	CHECK			
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			7,560	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			10,194	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			16,272	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			28,371	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			33,859	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			42,186	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			43,015	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			59,639	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			81,857	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			88,014	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			97,670	MEDICAL AND SOCIAL SUPPLIES	FMV

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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			98,131	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			121,434	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			140,997	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			152,704	MEDICAL AND SOCIAL SUPPLIES	FMV

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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			156,490	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			164,227	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			174,739	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			178,224	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			181,655	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			188,629	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			220,955	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			247,701	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			252,947	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			302,106	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			326,488	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			336,835	MEDICAL AND SOCIAL SUPPLIES	FMV

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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			353,648	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			379,893	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			380,787	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			382,940	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			408,894	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			425,712	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			458,771	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			464,480	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			559,106	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			744,386	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			864,780	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			874,689	MEDICAL AND SOCIAL SUPPLIES	FMV

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

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		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			908,848	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,009,616	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,046,924	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,153,557	MEDICAL AND SOCIAL SUPPLIES	FMV

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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,154,846	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,489,066	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			1,869,065	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			2,024,027	MEDICAL AND SOCIAL SUPPLIES	FMV

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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			2,184,725	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			2,504,187	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED			4,471,444	MEDICAL AND SOCIAL 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

☐ 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.

(i) Name and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions 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 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
		ANNUAL DINNER (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	403,592		403,592
	2	Less Contributions . . .	33,511		33,511
	3	Gross income (line 1 minus line 2)	370,081		370,081
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	11,314		11,314
	7	Food and beverages .	48,340		48,340
	8	Entertainment	4,850		4,850
	9	Other direct expenses .	33,051		33,051
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(97,555)
					272,526

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate 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 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? ☐ **Yes** ☐ **No**

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 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 distributed to other exempt organizations or spent in the 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 (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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 of the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the filing 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 ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 Regulations 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	

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 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) 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WILLIAM D CORCORAN PRESIDENT & CEO	(i)	191,510	0	1,956	15,840	26,594	235,900	0
	(ii)	0	0	0	0	0	0	0
(2)DONNA LEE DIANE CFO	(i)	143,765	0	875	14,948	11,084	170,672	0
	(ii)	0	0	0	0	0	0	0
(3)ELLEN GIORDANO VICE PRESIDENT	(i)	143,106	0	305	0	14,337	157,748	0
	(ii)	0	0	0	0	0	0	0
(4)PAUL BUTLER COUNTRY DIRECTOR, WB/GAZA	(i)	126,300	0	40,774	10,104	3,785	180,963	0
	(ii)	0	0	0	0	0	0	0
(5)JAMAL AL-AREF DEPUTY COUNTRY DIRECTOR, WB/GAZA	(i)	171,952	0	0	0	19,025	190,977	0
	(ii)	0	0	0	0	0	0	0

Part IIISupplemental 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.

Return Reference	Explanation
PART I, LINE 1A	PAUL BUTLER RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$40,523, EX-PATRIOT HOUSING OVERSEAS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,102,933	FMV
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	6	37,247,163	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 Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

30a

Yes

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	OTHER COUNTRY REPRESENTS OCCUPIED PALESTINIAN TERRITORIES (OPT)
FORM 990, PART VI, SECTION A, LINE 4	ANERA AMENDED ITS BYLAWS TO ALLOW BOARD MEMBERS TO ROTATE ON AND OFF THE BOARD THROUGHOUT THE YEAR AND NOT ONLY AT THE ANNUAL FALL MEETING COMMITTEE CHARTERS WERE STANDARDIZED TO CLARIFY SIZE, ROLES AND RESPONSIBILITIES
FORM 990, PART VI, SECTION B, LINE 11	THIS 990 IS PREPARED BY AN INDEPENDENT CPA FIRM WITH THE ASSISTANCE OF THE DIRECTOR OF ACCOUNTING AND CFO OF THE ORGANIZATION AND REVIEWED WITH THE AUDIT COMMITTEE. IT IS ALSO APPROVED BY THE PRESIDENT OF THE ORGANIZATION AND MADE AVAILABLE TO ALL MEMBERS OF ITS GOVERNING BODY AND THE GENERAL PUBLIC AT WWW.ANERA.ORG
FORM 990, PART VI, SECTION B, LINE 12C	ANERA'S CONFLICT OF INTEREST POLICY IS AN INTEGRAL PART OF ITS 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 IS DETERMINED BY THE BOARD OF DIRECTORS. SALARIES FOR OFFICERS AND OTHER MEMBERS OF TOP MANAGEMENT ARE REVIEWED BY THE BOARD AND APPROVED THROUGH AN ANNUAL BUDGETING PROCESS. COMPARABILITY DATA IS DISCUSSED WITH THE BOARD AND FINAL DECISIONS OF THE BOARD ARE DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON ANERA'S WEBSITE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PAGE 6, PART VI, SECTION B, LINE 14	ANERA FOLLOWS GUIDELINES AND REGULATIONS OF FUNDERS AND REGULATORY BODIES WITH REGARDS TO RECORDS MANAGEMENT. A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IS IN THE PROCESS OF BEING DRAFTED.
FORM 990, PART XI, LINE 9	FOREIGN CURRENCY TRANSLATION ADJUSTMENT -12,016