

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUN 1, 2013 and ending MAY 31, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
AMERICAN NEAR EAST REFUGEE AID

Doing Business As ANERA

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1111 14TH STREET, NW, STE 400

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

F Name and address of principal officer: WILLIAM D. CORCORAN
SAME AS C ABOVE

D Employer identification number

52-0882226

E Telephone number

202-266-9700

G Gross receipts \$ 58,279,180.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ANERA.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1968

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA, LEBANON, AND JORDAN THROUGH PARTNERSHIPS AND

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>33</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>33</u>
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>18</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>90</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>67,521,047.</u>	<u>57,906,863.</u>
9 Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>0.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>510.</u>	<u>271.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>236,281.</u>	<u>274,491.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>67,757,838.</u>	<u>58,181,625.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>59,606,870.</u>	<u>52,050,493.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>4,038,422.</u>	<u>5,182,523.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
b Total fundraising expenses (Part IX, column (D), line 25)	<u>448,097.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,889,781.</u>	<u>2,358,781.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>65,535,073.</u>	<u>59,591,797.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>2,222,765.</u>	<u>-1,410,172.</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>10,386,413.</u>	<u>9,406,764.</u>
21 Total liabilities (Part X, line 26)	<u>2,527,233.</u>	<u>2,969,772.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>7,859,180.</u>	<u>6,436,992.</u>

Part II Signature Block

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

Sign Here: William D. Corcoran Signature of officer
Date: 12/23/14

WILLIAM D. CORCORAN, PRESIDENT & CEO
Type or print name and title

PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM E. TURCO
Preparer's signature: William E. Turco
Date: 10/22/14
Check if self-employed: PTIN: P00369217

Firm's name: MCGLADREY LLP
Firm's EIN: 42-0714325

Firm's address: 9737 WASHINGTONIAN BLVD#400
GAITHERSBURG, MD 20878-7340
Phone no. (301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$)

EDUCATION FROM 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>		X
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>		X
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>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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? If so, complete Schedule L, Part II		X
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>		X
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>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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		X	

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (voting members), 1b (independent members), 2 (family/business relationships), 3 (delegated control), 4 (governing documents), 5 (asset diversion), 6 (members/stockholders), 7a (power to elect/appoint), 7b (governance decisions), 8a/b (meeting documentation), 9 (unreachable officer).

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a (local chapters), 10b (written policies), 11a (copy of form), 11b (review process), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-b (CEO/officer compensation), 16a (joint venture), 16b (written policy for joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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 - 202-266-9700 1111 14TH STREET, NW, STE 400, WASHINGTON, DC 20005

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JOSEPH SABA CHAIR	1.00	X		X				0.	0.	0.
(2) JEAN NEWMAN GLOCK VICE CHAIR	1.00	X		X				0.	0.	0.
(3) TERESA BARGER TREASURER	1.00	X		X				0.	0.	0.
(4) MURAD SIAM SECRETARY	1.00	X		X				0.	0.	0.
(5) MARY AFIFI DIRECTOR	1.00	X						0.	0.	0.
(6) GABY AJRAM DIRECTOR	1.00	X						0.	0.	0.
(7) CURTIS BRAND DIRECTOR	1.00	X						0.	0.	0.
(8) SANDRA CHARLES DIRECTOR	1.00	X						0.	0.	0.
(9) KENNETH CLOSE DIRECTOR	1.00	X						0.	0.	0.
(10) GEORGE DEBAKEY DIRECTOR	1.00	X						0.	0.	0.
(11) MAZEN FAROUKI DIRECTOR	1.00	X						0.	0.	0.
(12) ILANA FELDMAN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(14) JEFFREY GHANNAM, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(15) LAWRENCE HAMDAN DIRECTOR	1.00	X						0.	0.	0.
(16) KHALIL JAHSHAN DIRECTOR	1.00	X						0.	0.	0.
(17) RANDA MANSOUR-SHOUSER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ROBERT ANTON MERTZ DIRECTOR	1.00	X					0.	0.	0.	
(19) JOHN RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	
(20) ILHAM NASSER, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(21) JAMES SAMS DIRECTOR	1.00	X					0.	0.	0.	
(22) JAY SCHNITZER, M.D. PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(23) MUNA SHAMI, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(24) ABDALLAH SIMAIKA DIRECTOR	1.00	X					0.	0.	0.	
(25) ROBERT TRICE DIRECTOR	1.00	X					0.	0.	0.	
(26) MARCELLE WAHBA DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							820,543.	0.	99,137.	
d Total (add lines 1b and 1c)							820,543.	0.	99,137.	

2 Total number of individuals (including but not limited to those listed above) 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? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

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	1 a	Federated campaigns	39,265.				
	b	Membership dues					
	c	Fundraising events	33,511.				
	d	Related organizations					
	e	Government grants (contributions)	10,905,710.				
	f	All other contributions, gifts, grants, and similar amounts not included above	46,928,377.				
	g	Noncash contributions included in lines 1a-1f: \$	40,350,096.				
	h	Total. Add lines 1a-1f	57,906,863.				
	Program Service Revenue	Business Code					
2 a						
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					
	6 a	(i) Real					
		(ii) Personal					
		Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ <u>33,511.</u> of contributions reported on line 1c). See Part IV, line 18	a	370,081.			
	b	Less: direct expenses	b	97,555.			
c	Net income or (loss) from fundraising events		272,526.			272,526.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		a				
	Less: cost of goods sold		b				
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	OTHER INCOME	900099	1,965.			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 Sch 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 instr). Complete Part II of Sch 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.	
	b	Less: accumulated depreciation	10b 666,915.	263,030. 10c 275,598.
	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	x	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	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?	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	x	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ 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

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

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 section 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	99.88 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.88 %

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 III Support 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 section 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).

SCHEDULE A, PART II, SECTION A, PUBLIC SUPPORT:

EXPLANATION: 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 10,905,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 26,305,009.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 7,052,931.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 2,125,279.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 1,542,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	<p>MEDICINE & SUPPLIES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 26,305,009.</p>	<p>05/31/14</p>
3	<p>MEDICINE & SUPPLIES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 7,052,931.</p>	<p>05/31/14</p>
4	<p>MEDICINE & SUPPLIES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 2,125,279.</p>	<p>05/31/14</p>
5	<p>CHILDREN SHOES & BOOTS</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 1,542,140.</p>	<p>05/31/14</p>
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>_____</p>
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>_____</p>

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (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 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	(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 95.20 %
- b Permanent endowment 4.80 %
- 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:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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 VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [x]

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.

PART V, LINE 4:

EXPLANATION: 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:

EXPLANATION: ANERA IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES

Part XIII Supplemental Information (continued)

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:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -97,555,

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 97,555,

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ 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

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities 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
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.
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.
3 a 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.

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

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	7,084	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP AND VOCATIONAL TRAINING SUPPORT	25,270	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	10,281	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	90,784	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	26,008	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	18,387	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	63,975	CHECK	0		

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 II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	9,710.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	23,072.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS	6,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR STUDENTS WITH HEARING IMPAIRMENT	50,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS	7,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	5,445.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	28,321.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	11,770.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	6,642.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR DIFFERENT HUMANITARIAN PROJECTS	5,781.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	14,086.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	96,592.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	33,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS	24,747.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	131,125.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	75,166.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR ORPHANED CHILDREN	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS	14,000.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS	13,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PROJECT TO TREAT CHILDREN WITH DRUGS TO COMBAT INFESTATIONS OF	29,790	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	121,840	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR PALESTINIAN YOUTH IN THE NORTH OF LEBANON	34,097	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	92,700	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR DIFFERENT HUMANITARIAN PROJECTS	10,000	CHECK	2,258,717	MEDS, MED SUPPLIES, FOOTBALLS, WINTER BOOTS,	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDS AND MED SUPPLIES	0		9,924,369	MEDS AND MED SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ASSORTED DISABLED AIDS	0		50,000	ASSORTED DISABLED AIDS	FMV
		MIDDLE EAST AND NORTH AFRICA	ASSORTED DISABLED AIDS	0		24,934	ASSORTED DISABLED AIDS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	BABY KITS, HYGIENE KITS, SCHOOL KITS, QUILTS	0.		1,073,818.	BABY KITS, HYGIENE KITS, SCHOOL KITS, QUILTS	FMV
		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	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	45,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	7,142.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	72,507.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,263.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	16,207.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	684,320.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	22,250	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO DISTRIBUTE RAMADAN FOOD PACKAGES	10,322	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	63,643	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	141,972	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	43,265	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	RENOVATION OF SCHOOLS AND PARKS	89,789	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT CHILDREN IMPACTED BY FLOODING	27,520	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT CLINICAL SKILLS LABORATORY	9,300	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	619,493	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	91,891	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	125,128	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL RENOVATIONS	77,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	10,447	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	UTILIZATION OF LOW COST TREATED WASTEWATER FOR IRRIGATION PROJECT	19,800	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	17,600	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	134,904	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	498,442	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	169,531	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	PARK RENOVATION	15,621	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	67,075	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PARK RENOVATION	5,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CULTURAL EDUCATION	28,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	19,835	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	47,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	136,131	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	8,624	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	91,024	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,581	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT MUSICAL EDUCATION	73,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	542,012	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT FAMILIES IMPACTED BY FLOODING AND CHILDREN IMPACTED BY PARASITES WITH	34,020	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	116,300	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	574,720	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	32,219	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	23,845	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,000	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	9,972	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,013	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	42,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	25,005	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	137,126	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO TREAT PRESCHOOLERS FOR PARASITES	10,539	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,235	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PARK RENOVATION	44,137	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN	14,990	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CULTURAL EDUCATION	9,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT PALESTINIAN MEDICAL RELIEF COMMITTEE	45,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	RECYCLING PROJECT IN GAZA	9,729	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT SCIENCE EDUCATION PROJECT	600,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	5,450	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,464	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	24,429	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,739	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	594,908	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	10,834	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	47,237	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	8,080	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	115,643	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN	19,541	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	34,982	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	67,566	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		7,560	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		10,194	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,272.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		28,371.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		33,859.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		42,186.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,015.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		59,639.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		81,857.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		88,014.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		97,670.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		98,131.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		121,434.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		140,997.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		152,704.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		156,490.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		164,227.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		174,739.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		178,224.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		181,655.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		188,629.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		220,955.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		247,701.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		252,947.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		302,106.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		326,488.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		336,835.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		353,648.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		379,893.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		380,787.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		382,940.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		408,894.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		425,712.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		458,771.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		464,480.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		559,106.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		744,386.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		864,780.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
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)
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		874,689.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		908,848.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,009,616.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,046,924.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,153,557.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,154,846.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,489,066.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,869,065.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,024,027.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,184,725.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,504,187.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		4,471,444.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

EXPLANATION: 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.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"

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REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"

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.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT "MITIGATING TENSIONS IN AREAS

AFFECTED BY THE SYRIAN CRISIS THROUGH SPORTS"

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR PROJECT TO TREAT CHILDREN WITH DRUGS

TO COMBAT INFESTATIONS OF INTESTINAL PARASITES

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MEDS, MED SUPPLIES, FOOTBALLS,

WINTER BOOTS, SHAMPOO, BABY WASH, CANVAS SHOES, RELIEF CLOTHES, AND

DIAPERS

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT FAMILIES IMPACTED BY FLOODING AND

CHILDREN IMPACTED BY PARASITES WITH HYGIENE KITS

SCHEDULE F, PART IV, QUESTION 6

EXPLANATION: THE ORGANIZATION HAS SOME CHARITABLE ACTIVITY OVERSEAS

WHICH REQUIRES IT TO CHECK BOX 6, OF PART IV OF SCHEDULE F AS YES FOR

FORM 5713, HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS

INCOME AND IS NOT REQUIRED TO FILE A FORM 990-T. IN ADDITION, THE

ORGANIZATION 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 SEPARATELY.

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.

Multiple horizontal lines for supplemental information.

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 (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	NONE (total number)	
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)				97,555.
	11 Net income summary. Subtract line 10 from line 3, column (d)				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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. 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: _____

- 11 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 to be 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).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	x	
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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		x
c	Participate in, or receive payment from, an equity-based compensation arrangement?		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations 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?		x
b	Any related organization?		x
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		x
b	Any related organization?		x
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		x
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		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

EXPLANATION: PAUL BUTLER RECEIVED TAXABLE HOUSING IN THE AMOUNT OF

\$40,523, EX-PATRIOT HOUSING OVERSEAS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	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 **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) (2013)

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 990-EZ 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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CLOSE CONSULTATION WITH LOCAL GROUPS AND COMMUNITIES, RESPOND TO

ECONOMIC, HEALTH, AND EDUCATIONAL NEEDS WITH SUSTAINABLE SOLUTIONS AND

DELIVER HUMANITARIAN AID DURING CRISIS,

FORM 990, PART V, LINE 4B

EXPLANATION: OTHER COUNTRY REPRESENTS OCCUPIED PALESTINIAN TERRITORIES

(OPT).

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ISRAEL, JORDAN, LEBANON, OTHER COUNTRY

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: 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:

EXPLANATION: 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,

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANERA'S CONFLICT OF INTEREST POLICY IS AN INTEGRAL PART OF IT'S CORPORATE BYLAWS, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INFORMED OF THE POLICY AND THE EXPECTATION OF COMPLIANCE PRIOR TO BEING NOMINATED FOR MEMBERSHIP, ALL ANERA EMPLOYEES ARE INFORMED OF THE CONFLICT OF INTEREST POLICY AND EXPECTED COMPLIANCE THROUGH THE ANERA EMPLOYEE HANDBOOK, ANERA REQUIRES SELF-REPORTING OF ANY POTENTIAL CONFLICT OF INTEREST BY BOARD MEMBERS AND EMPLOYEES, MANAGEMENT REGULARLY REVIEWS TRANSACTIONS WITH POTENTIAL CONFLICT OF INTEREST AS ONE CRITERIA USED, ALL BOARD MEMBERS AND EMPLOYEES ARE ALSO PROVIDED AN AVENUE TO REPORT POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOLVE OTHER BOARD MEMBERS OR EMPLOYEES.

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

EXPLANATION: 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FINANCIAL STATEMENTS ARE AVAILABLE ON ANERA'S WEBSITE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

EXPLANATION: 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, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT

-12,016.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	AMERICAN NEAR EAST REFUGEE AID	52-0882226
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1111 14TH STREET, NW, STE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA LEE DIANE, CFO

- The books are in the care of ▶ 1111 14TH STREET, NW, STE 400 - WASHINGTON, DC 20005
Telephone No. ▶ 202-266-9700 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUN 1, 2013, and ending MAY 31, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.