

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning JUN 1, 2012 and ending MAY 31, 2013


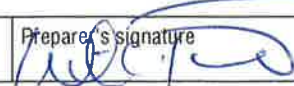
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AMERICAN NEAR EAST REFUGEE AID</u>		D Employer identification number <u>52-0882226</u>
	Doing Business As <u>ANERA</u>		E Telephone number <u>202-266-9700</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>67,842,413.</u>
	<u>1111 14TH STREET, NW</u>	<u>400</u>	
City, town, or post office, state, and ZIP code <u>WASHINGTON, DC 20005</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>WILLIAM D. CORCORAN</u> <u>SAME AS C ABOVE</u>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ <u>WWW.ANERA.ORG</u>		L Year of formation: <u>1968</u> M State of legal domicile: <u>DC</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA, LEBANON, AND JORDAN THROUGH PARTNERSHIPS AND</u>		
	2 Check this box <input type="checkbox"/> 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>30</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>30</u>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u>	<u>18</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>82</u>
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>38,938,461.</u>	<u>67,521,047.</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>1,062.</u>	<u>510.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>410,284.</u>	<u>236,281.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>39,349,807.</u>	<u>67,757,838.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>34,414,948.</u>	<u>59,606,870.</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>4,204,823.</u>	<u>4,038,422.</u>
	16 a 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>324,325.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>2,242,074.</u>	<u>1,889,781.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>40,861,845.</u>	<u>65,535,073.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-1,512,038.</u>	<u>2,222,765.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>7,880,722.</u>	<u>10,386,413.</u>
	21 Total liabilities (Part X, line 26)	<u>2,235,191.</u>	<u>2,527,233.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>5,645,531.</u>	<u>7,859,180.</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	Signature of officer 	Date <u>12/30/13</u>		
	WILLIAM D. CORCORAN, PRESIDENT & CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E. TURCO, CPA	Preparer's signature 	Date <u>DEC 30 2013</u>	Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN <u>P00369217</u>
	Firm's name ▶ <u>MCGLADREY LLP</u>	Firm's EIN ▶ <u>42-0714325</u>	Phone no. <u>(301) 296-3600</u>	
Firm's address ▶ <u>9737 WASHINGTONIAN BLVD., #400</u> <u>GAITHERSBURG, MD 20878-7340</u>				

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 to any question 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 [x] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [x] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 44,971,367, including grants of \$ 44,449,978.) (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 \$ 15,177,654, including grants of \$ 12,867,308.) (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 \$ 3,175,693, including grants of \$ 2,289,584.) (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 63,324,714.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 25</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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

x

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		x
6	Did the organization have members or stockholders?		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	x	
b	Each committee with authority to act on behalf of the governing body?	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		x

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	x	
13	Did the organization have a written whistleblower policy?	x	
14	Did the organization have a written document retention and destruction policy?		x
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	x	
b	Other officers or key employees of the organization	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 DONNA LEE DIANE, CFO - 202-266-9700
 1111 14TH STREET, NW, NO. 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 to any question 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) EDWARD GNEHM CHAIR	1.00	X		X				0.	0.	0.
(2) ALFRED KHOURY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ILHAM NASSER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) TERESA BARGER TREASURER	1.00	X		X				0.	0.	0.
(5) MURAD SIAM SECRETARY	1.00	X		X				0.	0.	0.
(6) MARY AFIFI DIRECTOR	1.00	X						0.	0.	0.
(7) GABY AJRAM DIRECTOR	1.00	X						0.	0.	0.
(8) CURTIS BRAND DIRECTOR	1.00	X						0.	0.	0.
(9) SANDRA CHARLES DIRECTOR	1.00	X						0.	0.	0.
(10) KENNETH CLOSE DIRECTOR	1.00	X						0.	0.	0.
(11) GEORGE DEBAKEY DIRECTOR	1.00	X						0.	0.	0.
(12) MAZEN FAROUKI DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(14) JEFFREY GHANNAM DIRECTOR	1.00	X						0.	0.	0.
(15) JEAN GLOCK DIRECTOR	1.00	X						0.	0.	0.
(16) LAWRENCE HAMDAN DIRECTOR	1.00	X						0.	0.	0.
(17) KHALIL JAHSHAN 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) RANDA MANSOUR-SHOUSER DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBERT ANTON MERTZ DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	
(21) JOSEPH SABA DIRECTOR	1.00	X					0.	0.	0.	
(22) JAMES SAMS DIRECTOR	1.00	X					0.	0.	0.	
(23) JAY SCHNITZER DIRECTOR	1.00	X					0.	0.	0.	
(24) MUNA SHAMI DIRECTOR	1.00	X					0.	0.	0.	
(25) ABDALLAH SIMAIKA DIRECTOR	1.00	X					0.	0.	0.	
(26) ROBERT TRICE DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							922,283.	0.	46,288.	
d Total (add lines 1b and 1c)							922,283.	0.	46,288.	

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**

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TOM VELEN DIRECTOR	1.00	X					0.	0.	0.	
(28) MARCELLE WAHBA DIRECTOR	1.00	X					0.	0.	0.	
(29) ROCHDI YOUNSI DIRECTOR	1.00	X					0.	0.	0.	
(30) SAMAR ZUAITER DIRECTOR	1.00	X					0.	0.	0.	
(31) WILLIAM D. CORCORAN PRESIDENT & CEO	40.00			X			196,866.	0.	29,397.	
(32) DONNA LEE DIANE CFO	40.00			X			143,909.	0.	10,348.	
(33) ELLEN GIORDANO VICE PRESIDENT	40.00			X			35,306.	0.	2,520.	
(34) PAUL BUTLER COUNTRY DIRECTOR, WB/GAZA	40.00				X		158,239.	0.	4,023.	
(35) JAMAL AL-AREF DEPUTY COUNTRY DIRECTOR, WB/GAZA	40.00				X		183,065.	0.	0.	
(36) SALAH SAKKA GAZA OFFICE MANAGER	40.00				X		204,898.	0.	0.	
Total to Part VII, Section A, line 1c							922,283.		46,288.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 65,338.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 15,307,069.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 52,148,640.					
	g Noncash contributions included in lines 1a-1f: \$	44,853,545.					
	h Total. Add lines 1a-1f		67,521,047.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		510.			510.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 65,338. of contributions reported on line 1c). See Part IV, line 18	a 304,135.					
		b Less: direct expenses	b 84,575.				
		c Net income or (loss) from fundraising events		219,560.			219,560.
	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						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	16,721.			16,721.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		16,721.					
12 Total revenue. See instructions.		67,757,838.	0.	0.	236,791.		

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 to any question 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	59,606,870.	59,606,870.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,661.	283,654.	126,732.	12,275.
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	2,360,013.	1,581,188.	702,461.	76,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,378.	48,465.	22,499.	414.
9 Other employee benefits	1,012,012.	687,148.	318,991.	5,873.
10 Payroll taxes	172,358.	117,030.	54,328.	1,000.
11 Fees for services (non-employees):				
a Management				
b Legal	25,059.	5,196.	14,540.	5,323.
c Accounting	104,612.	21,691.	60,701.	22,220.
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.)	274,425.	60,315.	168,789.	45,321.
12 Advertising and promotion	17,563.	10,068.	30.	7,465.
13 Office expenses	479,740.	270,998.	81,923.	126,819.
14 Information technology				
15 Royalties				
16 Occupancy	420,503.	198,556.	221,947.	
17 Travel	244,514.	201,704.	32,268.	10,542.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,005.	7,461.	41,146.	5,398.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,038.	100,064.	16,974.	
23 Insurance				
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	110,025.	110,025.		
b RISK MANAGEMENT	30,949.	11,314.	19,635.	
c OTHER EXPENSES	11,348.	2,967.	3,070.	5,311.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	65,535,073.	63,324,714.	1,886,034.	324,325.
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 to any question 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	4,359,275.	2 5,230,195.
	3	Pledges and grants receivable, net	70,883.	3 1,216,418.
	4	Accounts receivable, net	31,331.	4 15,545.
	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	2,908,640.	8 3,391,001.
	9	Prepaid expenses and deferred charges	158,303.	9 270,224.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 815,441.	
	b	Less: accumulated depreciation	10b 552,411.	10c 263,030.
	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)	7,880,722.	16 10,386,413.	
Liabilities	17	Accounts payable and accrued expenses	1,862,775.	17 1,879,250.
	18	Grants payable		18 450,041.
	19	Deferred revenue	372,416.	19 197,942.
	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	2,235,191.	26 2,527,233.
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	3,836,383.	27 5,284,070.
	28	Temporarily restricted net assets	1,745,945.	28 2,511,907.
	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	5,645,531.	33 7,859,180.	
34	Total liabilities and net assets/fund balances	7,880,722.	34 10,386,413.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,757,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,535,073.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,222,765.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,645,531.
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	-9,116.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,859,180.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

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 [x] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
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?
(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).

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes a Total row.

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,180,641.	50,525,640.	71,168,483.	38,835,757.	67,521,047.	276,231,568.
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	48,180,641.	50,525,640.	71,168,483.	38,835,757.	67,521,047.	276,231,568.
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.						276,231,568.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	48,180,641.	50,525,640.	71,168,483.	38,835,757.	67,521,047.	276,231,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	18,688.	13,694.	18,685.	1,062.	510.	52,639.
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.)	-12,332.	117,108.	108,921.	56,735.	16,721.	287,153.
11 Total support. Add lines 7 through 10						276,571,360.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.88	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.87	%
16a 33 1/3% support test - 2012. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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.

OMB No. 1545-0047

2012

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 Part I, line 2 of its Form 990-PF, 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) (2012)

Name of organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

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		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 15,307,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 31,015,734.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 6,152,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,796,699.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,609,121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 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
<u>3</u>	<u>MEDS & SUPPLIES</u> _____ _____ _____	\$ <u>31,015,734.</u>	<u>05/31/13</u>
<u>4</u>	<u>MEDS & SUPPLIES</u> _____ _____ _____	\$ <u>6,152,296.</u>	<u>05/31/13</u>
<u>5</u>	<u>MEDS & SUPPLIES</u> _____ _____ _____	\$ <u>1,796,699.</u>	<u>05/31/13</u>
<u>6</u>	<u>MEDS</u> _____ _____ _____	\$ <u>1,609,121.</u>	<u>05/31/13</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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. See separate instructions.

OMB No. 1545-0047

2012

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06...

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	1,112,045.	1,332,405.	1,898,380.	1,598,741.	593,886.
b Contributions	72,787.	179,640.	610,374.	299,639.	994,740.
c Net investment earnings, gains, and losses					10,015.
d Grants or scholarships					
e Other expenditures for facilities and programs		400,000.	1,176,349.		
f Administrative expenses					
g End of year balance	1,184,832.	1,112,045.	1,332,405.	1,898,380.	1,598,641.

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

- a Board designated or quasi-endowment 94.67 %
 - b Permanent endowment 5.33 %
 - 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	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		454,369.	285,248.	169,121.
e Other		361,072.	267,163.	93,909.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				263,030.

Part VII Investments - Other Securities. 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-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered (1) through (10).

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (10).

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows (2) through (11).

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements		1	67,833,297.
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	-9,116.	
	e Add lines 2a through 2d	2e		-9,116.
3	Subtract line 2e from line 1		3	67,842,413.
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	-84,575.	
	c Add lines 4a and 4b	4c		-84,575.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	67,757,838.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	65,619,648.
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	84,575.	
	e Add lines 2a through 2d	2e		84,575.
3	Subtract line 2e from line 1		3	65,535,073.
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	65,535,073.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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: BOARD DESIGNATED NET ASSETS: AS OF MAY 31, 2013, BOARD

DESIGNATED NET ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND

CONTINGENCIES WERE \$1,121,629

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 05/31/2013 WERE IN THE AMOUNT OF \$63,203.

Part XIII Supplemental Information (continued)

PART X, LINE 2: ANERA IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, ANERA IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME AS DEFINED BY THE INTERNAL REVENUE SERVICE, DURING THE YEAR ENDED MAY 31, 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 DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIOD.

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 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT -9,116.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -84,575.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 84,575.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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	74	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES AND BENEFITS, PROFESSIONAL FEES, TELEPHONE, ETC.	3,612,464.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		59,606,870.
3 a Sub-total	6	74			63,219,334.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	74			63,219,334.

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

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	15,147	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	561,706	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	1,208,496	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF ENG SCHOOL AT AL-QUD UNIV.	35,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	360,705	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	82,801	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,415	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	127,919	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 90

3 Enter total number of other organizations or entities 86

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	46,897	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT MEDICAL EDUCATION	11,000	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	9,314	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	11,908	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	57,337	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	202,699	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	314,741	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	195,185	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	220,766	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	28,180.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,541.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	754,250.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	231,467.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	9,524.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	97,093.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	532,255.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO HELP NEEDY FAMILIES IN GAZA ACHIEVE FOOD SECURITY BY FARMING THEIR OWN	48,620.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	18,689.	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	INFRASTRUCTURE PROJECTS	50,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	109,012.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	22,693.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	230,279.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	317,129.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORTING CONSTRUCTION OF A NEW UNIT AT SCHOOL FOR DEAF CHILDREN	49,545.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO BUILD PARKS AND PLAYGROUNDS IN WB AND GAZA	26,802.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	155,205.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	471,194.	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	INFRASTRUCTURE PROJECTS	10,180.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	26,891.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	334,455.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	146,498.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	60,150.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	81,620.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	54,494.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	46,450.	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	16,890	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	FOR IT EQUIPMENT AT SCHOOL	9,665	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,850	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT MUSICAL EDUCATION	92,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	288,695	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,837	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	191,616	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN IN GAZA	6,421	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	344,939	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	INFRASTRUCTURE PROJECTS	5,970	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	97,938	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	11,972	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	27,099	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	345,005	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	5,075	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	TO ORGANIZE SUMMER CAMPS FOR PALESTINIAN CHILDREN IN GAZA	15,398	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT GAZA DURING TIMES OF INCREASED VIOLENCE WITH MED SUPPLIES	18,001	CHECK	0				
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	28,332	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)	
1		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	6,164	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT GAZA DURING TIMES OF INCREASED VIOLENCE	9,840	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,134	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	TO BUILD PARKS AND PLAYGROUNDS IN WB AND GAZA	35,965	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	247,166	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF ENG SCHOOL AT AL-QUD UNIV.	50,403	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT PALESTINIAN MEDICAL RELIEF COMMITTEE	38,950	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT SCIENCE EDUCATION PROJECT	600,000	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT ELEMENTARY SCHOOL	10,000	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)									
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	11,581.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	21,800.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	131,081.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF ENG SCHOOL AT AL-QUD UNIV.	1,341,538.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	TO BUILD PARKS AND PLAYGROUNDS IN WB AND GAZA	51,241.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	11,087.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	14,040.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	1,130,749.	CHECK	0.			
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	26,817.	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	TO SUPPORT GAZA DURING TIMES OF INCREASED VIOLENCE	9,749	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	493,222	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	249,303	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	84,174	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	INFRASTRUCTURE PROJECTS	18,245	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	62,116	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	21,090	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT AND PROMOTE CULTURAL ACTIVITIES AND EVENTS	10,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	17,724	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	INFRASTRUCTURE PROJECTS	735,329	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD DEVELOPMENT IN WB AND GAZA	11,200	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		4,148,450	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		3,255,229	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,972,884	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,886,035	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,852,817	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,688,757	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,650,995	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.		1,559,328.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,525,502.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,283,715.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		928,818.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		894,636.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		848,788.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		829,171.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		762,280.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		760,328.	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.		754,024.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		691,370.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		680,719.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		626,629.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		560,601.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		543,079.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		535,034.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		512,684.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		507,733.	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.		470,796.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		468,967.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		396,500.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		378,201.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		340,147.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		329,306.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		270,703.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		193,978.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		180,978.	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.		179,735.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		174,170.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		161,850.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		112,038.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		109,605.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		107,317.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		77,138.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		77,082.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		72,014.	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.		66,334.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		63,298.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		61,922.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		60,505.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		58,111.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		47,530.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		46,624.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,039.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		38,915.	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.		34,013.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		32,416.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,645.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		30,641.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		26,511.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		15,950.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,761.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,284.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,236.	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.		6,216.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	14,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP AND VOCATIONAL TRAINING SUPPORT	26,074.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	8,956.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROMOTING URBAN AGRICULTURE	55,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	12,877.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	6,650.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	99,843.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	5,047.	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	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	14,268.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	8,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR STUDENTS WITH HEARING IMPAIRMENT	50,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	12,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	9,400.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	12,436.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR DIFFERENT HUMANITARIAN PROJECTS	56,014.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR ORPHANED CHILDREN	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR PALESTINIAN REFUGEE WOMEN FROM SYRIA AND THEIR FAMILIES	103,446.	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	ENHANCING NON-FORMAL EDUCATION FOR YOUTH IN NAHR EL BARED	7,266.00	CHECK	0.00		
		MIDDLE EAST AND NORTH AFRICA	PROMOTING URBAN AGRICULTURE	20,000.00	CHECK	0.00		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL AND SOCIAL SUPPLIES	0.00		7,723.527	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	WHEELCHAIRS	0.00		41,100.00	WHEELCHAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.00		289,854.00	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	HEALTH, SCHOOL, AND LAYETTE KITS	0.00		250,684.00	HEALTH, SCHOOL, AND LAYETTE KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	TO ESTABLISH AN ENDOWMENT AT THE SCHOOL OF NURSING AT MAKASSED UNIVERSITY	100,000.00	WIRE	0.00		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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) 2012

Part V Supplemental Information

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: ANERA SCREENS FUNDERS, PARTNERS AND PROGRAM

RECIPIENTS USING CONTINUALLY UPDATED SOFTWARE PURCHASED TO COMPLY WITH

THE U.S. OFFICE OF FOREIGN ASSET CONTROLS. THERE IS ALSO ASSESSMENT BY

FIELD OFFICES OF ALL PROJECT PARTNERS TO JUDGE SKILL SETS AND THE ABILITY

TO PERFORM. RECIPIENTS ARE REQUIRED TO SIGN GRANT AGREEMENTS. PROGRESS

REPORTS ARE REQUIRED BY EACH GRANTEE. LOCAL OFFICE PERSONNEL PERFORM

ROUTINE SITE VISITS AND REVIEW AGAINST SUBMITTED REPORTS. DEPENDING ON

THE TERMS OF THE GRANT, INDEPENDENT AUDITS MAY BE REQUIRED, INDEPENDENT

FINANCIAL AUDITS OF FIELD OFFICES AND HEADQUARTERS AS WELL AS AN A-133

AUDIT REQUIRED FOR U.S. GOVERNMENTS GRANTS ARE PERFORMED ON AN ANNUAL

BASIS.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO HELP NEEDY FAMILIES IN GAZA ACHIEVE FOOD

SECURITY BY FARMING THEIR OWN LAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO ESTABLISH AN ENDOWMENT AT THE SCHOOL OF NURSING

AT MAKASSED UNIVERSITY IN BEIRUT

SCHEDULE F, PART IV, QUESTION 6

FORM 5713

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

Part V Supplemental Information

Complete this part to 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.

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 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 NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	369,473.		369,473.
	2	Less: Contributions	65,338.		65,338.
	3	Gross income (line 1 minus line 2)	304,135.		304,135.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	44,524.		44,524.
	8	Entertainment			
	9	Other direct expenses	40,051.		40,051.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(84,575)
	11	Net income summary. Combine line 3, column (d), and line 10			219,560.

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))
		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. Combine line 1, column d, and line 7				

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:

	Yes	No	
13a The organization's facility			%
13b An outside facility			%

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. Complete this part to 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

2012

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I Questions Regarding Compensation

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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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: FOLLOWING EMPLOYEES RECEIVED TAXABLE HOUSING:

DONNA DIANE - \$3,000, TEMPORARY HOUSING FOR RELOCATION FROM NYC TO DC

PAUL BUTLER - \$37,451, EX-PATRIOT HOUSING OVERSEAS

PART I, LINE 4A: SALAH SAKKA RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT

OF \$105,880. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN

B(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.

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		2,541,131.	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	39	42,312,010.	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) (2012)

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.

OMB No. 1545-0047

2012

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

FINANCIAL ACCOUNT

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 B, LINE 11: THIS 990 IS PREPARED BY AN

INDEPENDENT CPA FIRM AND REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THE CFO

OF THE ORGANIZATION WITH THE AUDIT COMMITTEE. IT IS APPROVED BY THE

PRESIDENT OF THE ORGANIZATION AND MADE AVAILABLE TO ALL MEMBERS OF ITS

GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C: ANERA'S CONFLICT OF INTEREST

POLICY IS AN INTEGRAL PART OF IT'S CORPORATE BYLAWS. ALL MEMBERS OF THE

BOARD OF DIRECTORS ARE INFORMED OF THE POLICY AND THE EXPECTATION OF

COMPLIANCE PRIOR TO BEING NOMINATED FOR MEMBERSHIP. ALL ANERA EMPLOYEES ARE

INFORMED OF THE CONFLICT OF INTEREST POLICY AND EXPECTED COMPLIANCE THROUGH

THE ANERA EMPLOYEE HANDBOOK. ANERA REQUIRES SELF-REPORTING OF ANY POTENTIAL

CONFLICT OF INTEREST BY BOARD MEMBERS AND EMPLOYEES, MANAGEMENT REGULARLY

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

REVIEWS TRANSACTIONS WITH POTENTIAL CONFLICT OF INTEREST AS ONE CRITERIA
 USED. ALL BOARD MEMBERS AND EMPLOYEES ARE ALSO PROVIDED AN AVENUE TO REPORT
 POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOLVE OTHER BOARD MEMBERS OR
 EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE PRESIDENT IS
 DETERMINED BY THE BOARD OF DIRECTORS. SALARIES FOR OFFICERS AND OTHER
 MEMBERS OF TOP MANAGEMENT ARE REVIEWED BY THE BOARD AND APPROVED THROUGH AN
 ANNUAL BUDGETING PROCESS. COMPARABILITY DATA IS DISCUSSED WITH THE BOARD
 AND FINAL DECISIONS OF THE BOARD ARE DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AK, AL, AR, CA, CO, CT, FL, HI, IL, KS, KY, MA, MD, ME, TN, UT, VA, WA, WI, WV, MI, MS, MN, NC, NJ
 NH, NM, NY, OH, OK, OR, PA, RI, SC

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE
 ON ANERA'S WEBSITE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 FOREIGN CURRENCY TRANSLATION ADJUSTMENT -9,116.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- 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.

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN NEAR EAST REFUGEE AID	Employer identification number (EIN) or 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. 1111 14TH STREET, NW, NO. 400	Social security number (SSN)
	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	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, NO. 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, 2014**, 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, 2012**, and ending **MAY 31, 2013**.

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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)