

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)

OMB No. 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2009** calendar year, or tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization <b>AMERICAN NEAR EAST REFUGEE AID</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1111 14TH STREET, NW 400</b> City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005</b>	<b>D</b> Employer identification number <b>52-0882226</b>
	<b>E</b> Telephone number <b>202-266-9700</b>	<b>G</b> Gross receipts \$ <b>50,656,442.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>F</b> Name and address of principal officer: <b>WILLIAM CORCORAN</b> <b>SAME AS C ABOVE</b>
<b>J</b> Website: ▶ <b>WWW.ANERA.ORG</b>		<b>L</b> Year of formation: <b>1968</b> <b>M</b> State of legal domicile: <b>DC</b>
<b>K</b> 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	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA, LEBANON AND JORDAN THROUGH PARTNERSHIPS AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>28</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (A), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>48,180,641.</b>	<b>50,176,360.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>18,688.</b>	<b>13,694.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-12,333.</b>	<b>395,332.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>48,186,996.</b>	<b>50,585,386.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>42,866,931.</b>	<b>44,478,521.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,530,846.</b>	<b>3,971,579.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>454,505.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,208,294.</b>	<b>2,479,421.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>48,606,071.</b>	<b>50,929,521.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-419,075.</b>	<b>-344,135.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>10,906,459.</b>	<b>11,878,733.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,206,554.</b>	<b>2,524,395.</b>
		<b>9,699,905.</b>	<b>9,354,338.</b>

## Part II Signature Block

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

**Sign Here** ▶ *William Corcoran* (Signature of officer) **WILLIAM CORCORAN, PRESIDENT** (Type or print name and title) **1/13/11** (Date)

**Paid Preparer's Use Only** ▶ *W. J. K. F...* (Preparer's signature) **JAN 13 2011** (Date)  (Check if self-employed) **EIN** (Preparer's identifying number) **GAITHERSBURG, MD 20878-7340** (Firm's name) **9737 WASHINGTONIAN BLVD., #400** (Firm's address) **(301) 296-3600** (Phone no.)

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA LEBANON AND JORDAN. THOROUGH PARTNERSHIPS AND CLOSE CONSULTATION WITH LOCAL GROUPS AND COMMUNITIES, RESPOND TO ECONOMIC, HEALTH AND EDUCATIONAL NEEDS WITH SUSTAINABLE SOLUTIONS AND DELIVER HUMANITARIAN AID DURING

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 32,032,314. including grants of \$ 30,884,193. ) (Revenue \$ ) HEALTH AND RELIEF ANERA BEGAN ITS WORK IN THE MIDDLE EAST BY PROVIDING EMERGENCY RELIEF IMMEDIATELY AFTER THE 1967 ARAB-ISRAELI WAR. TODAY, AFTER 40 YEARS, ANERA COUNTINUES IT'S LEGACY OF ASSISTING LOCAL HEALTH CARE PROVIDERS TO DELIVER QUALITY SERVICES TO THEIR COMMUNITIES. WE ARE BUILDING HEALTH CLINICS, TRAINING HEALTH CARE WORKERS, COMBATING MALNUTRITION, AND PROMOTING DOABLE ACTIONS THAT PEOPLE CAN EMPLOY TO PROTECT THEIR HEALTH AND WELL-BEING. AT ALL LEVELS, ANERA IS ENSURING THAT PEOPLE INCREASINGLY HAVE ACCESS TO QUALITY HEALTH CARE AND A HEALTHIER LIFE.

4b (Code: ) (Expenses \$ 14,046,900. including grants of \$ 11,774,434. ) (Revenue \$ ) COMMUNITY AND ECONOMIC DEVELOPMENT AMERICAN NEAR EAST REFUGEE AID (ANERA) IS HELPING MEN AND WOMEN IN THE MIDDLE EAST PERSEVERE THROUGH DIFFICULT ECONOMIC TIMES. ANERA IS CREATING JOBS THAT REBUILD ESSENTIAL INFRASTRUCTURE, SUCH AS SCHOOLS, HEALTH CLINICS, AND WATER WELLS. WE ARE DESIGNING JOB TRAINING PROGRAMS AND HELPING ENTREPRENEURS SET UP SMALL LOCAL BUSINESSES. WITH PROJECTS SUCH AS THESE, PEOPLE ARE FINDING OPPORTUNITIES TO BECOME MORE SELF-SUFFICIENT AND SUPPORT THEIR FAMILIES AND COMMUNITIES.

4c (Code: ) (Expenses \$ 2,074,531. including grants of \$ 1,819,894. ) (Revenue \$ ) 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 INFORMATION TECHNOLOGY, AND HELP DISADVANTAGED CHILDREN GO TO SCHOOL, ANERA IS HELPING PEOPLE OF ALL AGES UNCOVER THEIR POTENTIAL.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 25,594. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 48,179,339.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....		X
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III .....		X
<b>23</b> 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? If "Yes," complete Schedule J .....	X	
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		X
<b>b</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? If "Yes," complete Schedule L, Part I .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>37</b> 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? If "Yes," complete Schedule R, Part VI .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 organizational documents since the prior Form 990 was filed?		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?		x
6	Does the organization have members or stockholders?		x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		x
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	x	
8b	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	Does the organization have local chapters, branches, or affiliates?		x
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	x	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	x	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	x	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	x	
13	Does the organization have a written whistleblower policy?	x	
14	Does 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?		
15a	The organization's CEO, Executive Director, or top management official	x	
15b	Other officers or key employees of the organization	x	
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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, IL, KS, KY, ME, MD**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BILL HOPKINS, 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**

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CURTIS BRAND CHAIR	1.00	X		X				0.	0.	0.
EDWARD "SKIP" GNEHM, JR. VICE CHAIR	1.00	X		X				0.	0.	0.
MIKE DE GRAFFENREID TREASURER	1.00	X		X				0.	0.	0.
MONA ABOELNAGA KANAAN DIRECTOR	1.00	X						0.	0.	0.
GABY AJRAM DIRECTOR	1.00	X						0.	0.	0.
MARLEINE DAVIS DIRECTOR	1.00	X						0.	0.	0.
GEORGE DEBAKEY DIRECTOR	1.00	X						0.	0.	0.
RONALD DUDUM DIRECTOR	1.00	X						0.	0.	0.
JAMES GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
CURTIS GIESEN DIRECTOR	1.00	X						0.	0.	0.
JAMES HAGERTY DIRECTOR	1.00	X						0.	0.	0.
RICHARD HALL DIRECTOR	1.00	X						0.	0.	0.
NADIA HIJAB DIRECTOR	1.00	X						0.	0.	0.
RANDA FAHMY HUDOME DIRECTOR	1.00	X						0.	0.	0.
KHALIL JAHSHAN DIRECTOR	1.00	X						0.	0.	0.
JUDITH JUDD DIRECTOR	1.00	X						0.	0.	0.
VICKEN KALBIAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALFRED KHOURY DIRECTOR	1.00	X						0.	0.	0.
RANDA MANSOUR-SHOUSER DIRECTOR	1.00	X						0.	0.	0.
ROBERT MERTZ DIRECTOR	1.00	X						0.	0.	0.
ILHAM NASSER DIRECTOR	1.00	X						0.	0.	0.
FRANCES STICKLES DIRECTOR	1.00	X						0.	0.	0.
TOM VELEN DIRECTOR	1.00	X						0.	0.	0.
AMB. NICHOLAS VELIOTES DIRECTOR	1.00	X						0.	0.	0.
JAMES WALKER DIRECTOR	1.00	X						0.	0.	0.
IRA WENDER DIRECTOR	1.00	X						0.	0.	0.
OLIVER ZANDONA DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b> .....								505,992.	0.	89,166.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? 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 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. NONE

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

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

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,175,708.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,000,652.				
	g Noncash contributions included in lines 1a-1f: \$		31,494,924.				
	<b>h Total. Add lines 1a-1f</b>		<b>50,176,360.</b>				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,694.			13,694.	
	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 \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	349,280.				
		b Less: direct expenses	b	71,056.			
		c Net income or (loss) from fundraising events		278,224.			278,224.
	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	117,108.	117,108.			
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			<b>117,108.</b>				
<b>12 Total revenue. See instructions.</b>			<b>50,585,386.</b>	<b>117,108.</b>	<b>0.</b>	<b>291,918.</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	44,478,521.	44,478,521.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	583,517.	335,428.	219,734.	28,355.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,653,271.	1,549,074.	982,095.	122,102.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	126,395.	65,234.	52,895.	8,266.
9 Other employee benefits .....	450,570.	232,545.	188,560.	29,465.
10 Payroll taxes .....	157,826.	81,456.	66,049.	10,321.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	39,502.	17,151.	15,225.	7,126.
c Accounting .....	121,878.	52,917.	46,976.	21,985.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	443,840.	192,705.	171,070.	80,065.
12 Advertising and promotion .....				
13 Office expenses .....	790,177.	549,987.	104,198.	135,992.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	471,064.	196,501.	274,563.	
17 Travel .....	154,956.	85,616.	59,746.	9,594.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	71,165.	41,333.	29,012.	820.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	58,403.		58,403.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TECHNICAL ASSISTANCE	242,571.	241,950.	621.	
b INTERN EXPENSE	59,867.	48,804.	11,063.	
c OTHER	25,998.	10,117.	15,467.	414.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	50,929,521.	48,179,339.	2,295,677.	454,505.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

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

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b Were the organization's financial statements audited by an independent accountant? .....	X	
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.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	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 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

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.

Open to Public Inspection

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

<b>Name of the organization</b> AMERICAN NEAR EAST REFUGEE AID	<b>Employer identification number</b> 52-0882226
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(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).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	30,597,512.	61,473,041.	77,944,565.	48,180,641.	50,525,640.	268,721,399.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	50,337.	49,106.	40,360.	18,688.	13,694.	172,185.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		340.	4,011.	-12,332.	117,108.	109,127.
<b>11 Total support.</b> Add lines 7 through 10						269,002,711.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.90	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	99.92	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

Multiple horizontal lines for providing supplemental information.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

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, aggregate 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 aggregate 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 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 13,154,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 20,368,105.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 4,081,810.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 3,271,088.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,027,514.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**AMERICAN NEAR EAST REFUGEE AID**

52-0882226

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>20,368,105.</u>	<u>05/31/10</u>
3	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>4,081,810.</u>	<u>05/31/10</u>
4	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>3,271,088.</u>	<u>05/31/10</u>
5	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>1,027,514.</u>	<u>05/31/10</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>AMERICAN NEAR EAST REFUGEE AID</b>	Employer identification number <b>52-0882226</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

(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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

3 Using the organization's 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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	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 XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 97.00 %
- b Permanent endowment ▶ 3.00 %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		x
3a(ii)		x
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

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

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
REFUNDABLE GRANT ADVANCES	1,057,672.	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,057,672.	

2. FIN 48 Footnote. In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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, 2010.**

**BOARD DESIGNATED NET ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND**

**CONTINGENCIES WERE \$1,835,177.**

**PERMANENTLY RESTRICTED NET ASSETS: CONTRIBUTIONS AND OTHER INFLOWS OF**

**ASSETS WHOSE USE IS SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT THE**

**PRINCIPAL MUST BE MAINTAINED PERMANENTLY BY ANERA**

**Part XIV** Supplemental Information (continued)

PART X: ON JUNE 1, 2009, ANERA ADOPTED THE ACCOUNTING STANDARD

ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON

A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS, UNDER THIS

GUIDANCE, ANERA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX

POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL

STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT

THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON

INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED ANERA'S TAX POSITIONS AND CONCLUDED THAT ANERA HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE, WITH FEW

EXCEPTIONS, ANERA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE

U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE MAY 31,

2007.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT: -1432.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT: -1432.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

**Part XIV** Supplemental Information (continued)

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B: -71056.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B: 71056.



**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. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) 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	CONSTRUCTION OF MUSIC EDUCATION HALL	86,500	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF MUSIC EDUCATION HALL	70,000	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP ASSISTANCE FOR MUSIC CAMP	1,500	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT & TO ENHANCE MUSIC TEACHING	52,620	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	OPERATING EXPENSES FOR MICRO-CREDIT PROGRAM	20,000	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	OPERATING EXPENSES FOR MICRO-CREDIT PROGRAM	20,000	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CHILDREN'S SUMMER CAMPS	10,000	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR HEALTH ACTIVITIES	15,500	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

3 Enter total number of other organizations or entities



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and 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 AAS AN A-133

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

BASIS.

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	SUPPORT FOR HEALTH ACTIVITIES	23,000	CHECK	0			
			MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR HEALTH ACTIVITIES	3,000	CHECK	0			
			MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CHILDREN'S SUMMER CAMPS	10,000	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR CHILDREN'S SUMMER CAMPS	9,987	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000	CHECK	0			
			MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000	CHECK	0			
			MIDDLE EAST AND NORTH AFRICA	PURCHASE OF LIBRARY MATERIALS	2,750	CHECK	0			
			MIDDLE EAST AND NORTH AFRICA	RENOVATIONS OF SCHOOL HALL	20,000	CHECK	0			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PURCHASE OF LIBRARY MATERIALS	500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RENOVATIONS OF SCHOOL	7,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD INTERVENTION PROGRAM	30,200.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	14,250.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ART WORKSHPS FOR WOMEN & UNPRIVILEGED CHILDREN	40,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EDUCATION SCHOLARSHIPS	10,000.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations of 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	YOUTH EDUCATION SCHOLARSHIPS	10,000	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	PLAYGROUND CONSTRUCTION	6,240	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION PROGRAM	600	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL TRAINING	6,000	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION PROGRAM	2,175	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION PROGRAM	15,000	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION PROGRAM	12,946	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	MICROENTERPRISE TRAINING	5,000	CHECK	0			
		MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION PROGRAM	4,500	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	CULTURAL PROGRAM	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	10,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	45,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH PROGRAM	6,285.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	15,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURAL PROGRAM	21,375.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		54,067.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		38,992.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		809,215.	MEDICAL 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	MEDICAL SUPPLIES	0.		327,132.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		385,855.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		532,035.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		124,324.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		7,610.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		48,946.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		59,069.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		44,354.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		829,426.	MEDICAL 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	MEDICAL SUPPLIES	0.		101,874.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		32,936.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		318,201.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		9,382.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		377,711.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		11,476.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		26,292.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		88,991.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		353,860.	MEDICAL SUPPLIES	FMV

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		35,994.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		19,231.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		125,726.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		5,578.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		12,609.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		82,177.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		247,413.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		518,370.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		35,437.	MEDICAL 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	MEDICAL SUPPLIES	0.		979,867.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		167,820.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		601,536.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		144,260.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		87,434.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		191,262.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		275,986.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		14,367.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		61,891.	MEDICAL 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	MEDICAL SUPPLIES	0.		428,833.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		149,642.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		289,209.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		63,043.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		95,300.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		18,771.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		100,421.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		10,650.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		467,787.	MEDICAL 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	MEDICAL SUPPLIES	0.		265,717	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		1,013,881	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		198,647	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		57,904	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		281,579	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		311,106	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		241,958	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		11,140	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		168,450	MEDICAL 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	MEDICAL SUPPLIES	0.		49,708.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		100,258.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		184,061.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		173,082.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		35,890.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		489,682.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		61,346.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		5,734.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		624,272.	MEDICAL 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	MEDICAL SUPPLIES	0.		96,894.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		277,679.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		235,460.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		128,026.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		10,333.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		20,000.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		47,305.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		431,205.	MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		79,243.	MEDICAL 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	MEDICAL SUPPLIES	0.		39,158.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		589,265.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		5,455.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		655,741.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		5,116.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		63,881.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		156,064.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		49,780.	MEDICAL SUPPLIES	FMV	
			MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		136,515.	MEDICAL 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	MEDICAL SUPPLIES	0.		108,782.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		444,483.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		162,692.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		64,050.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		679,390.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		1,251,955.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		154,874.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		457,358.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		975,671.	MEDICAL 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	MEDICAL SUPPLIES	0.		409,671.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		5,223,062.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	0.		2,050,495.	MEDICAL SUPPLIES	FMV



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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	349,280.			349,280.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	349,280.			349,280.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	71,056.			71,056.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 71,056 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				278,224.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....				

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

**13** Indicate the percentage of gaming activity operated in:

a The organization's facility ..... **13a** %  
 b An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

c If "Yes," enter name and address 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? ..... **17a**

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 ► \$ \_\_\_\_\_

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I 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 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <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? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

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.**

**Open to Public  
Inspection**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	73	29,096,378.	FMV
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

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

CLOSE CONSULTATION WITH LOCAL GROUPS AND COMMUNITIES. ANERA RESPONDS TO

ECONOMIC, HEALTH AND EDUCATIONAL NEEDS WITH SUSTAINABLE SOLUTIONS AND

ALSO DELIVERS HUMANITARIAN AID DURING EMERGENCIES.

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

EMERGENCIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC EDUCATION

EXPENSES \$ 25594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE DIRECTOR

OF ACCOUNTING AND THE CFO OF THE ORGANIZATION. IT IS THEN MADE AVAILABLE TO

THE PRESIDENT AND THE BOARD FOR FINAL APPROVAL.

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

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

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

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

INFORMED OF THE CONFLICT OF INTEREST POLICY AND EXPECTED COMPLIANCE THROUGH

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

CONFLICT OF INTEREST BY BOARD MEMBERS AND EMPLOYEES. MANAGEMENT REGULARLY

REVIEWS TRANSACTIONS WITH POTENTIAL CONFLICT OF INTEREST AS ONE CRITERIA

USED. ALL BOARD MEMBERS AND EMPLOYEES ARE ALSO PROVIDED AN AVENUE TO REPORT

POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOLVE OTHER BOARD MEMBERS OR

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2009**

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Name of the organization

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Employer identification number

52-0882226

EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE PRESIDENT AND

VICE PRESIDENT ARE DETERMINED BY THE BOARD OF DIRECTORS. THE PROCESS WAS

LAST PERFORMED IN 2009.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, FL, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR

PA, RI, SC, TN, UT, VA, WA, WV, WI, HI

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE

ON ANERA'S WEBSITE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

## 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.**

**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.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>AMERICAN NEAR EAST REFUGEE AID</b>	Employer identification number <b>52-0882226</b>
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. <b>1522 K STREET, N.W., NO. 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ \_\_\_\_\_  
 Telephone No. ▶ \_\_\_\_\_ 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2011**, 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, 2009**, and ending **MAY 31, 2010**.

2 If this tax year 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	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

**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. 4-2009)