

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jun 1, 2007, and ending May 31, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: AMERICAN NEAR EAST REFUGEE AID. Address: 1522 K STREET, N.W., WASHINGTON DC 20005

D Employer Identification Number: 52-0882226. E Telephone number: (202) 842-2766. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

G Web site: www.anera.org

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 77,988,936.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership, investment income, and special events.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <u>10,947,261.</u> non-cash \$ <u>57,046,885.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	67,994,146.	67,994,146.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a	371,317.	241,616.	117,293.	12,408.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B See L-25b Stmt	25b	8,321.	0.	8,321.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,569,835.	1,719,126.	768,226.	82,483.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	472,561.	268,197.	185,099.	19,265.
29 Payroll taxes	29	122,899.	37,434.	79,491.	5,974.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	146,396.	96,066.	46,866.	3,464.
34 Telephone	34	110,893.	43,013.	60,798.	7,082.
35 Postage and shipping	35	264,737.	145,459.	81,724.	37,554.
36 Occupancy	36	368,358.	119,484.	234,022.	14,852.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	112,953.	14,278.	62,996.	35,679.
39 Travel	39	316,814.	120,815.	185,426.	10,573.
40 Conferences, conventions, and meetings	40	138,549.	15,719.	112,614.	10,216.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	27,188.	0.	27,188.	0.
43 Other expenses not covered above (itemize):					
a <u>PROFESSIONAL SERVICES</u>	43a	566,170.	308,719.	173,156.	84,295.
b <u>TECHNICAL ASSISTANCE</u>	43b	137,733.	137,555.	178.	0.
c <u>MISCELLANEOUS</u>	43c	17,715.	5,955.	8,619.	3,141.
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	73,746,585.	71,267,582.	2,152,017.	326,986.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See attached schedule</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>COMMUNITY AND ECONOMIC DEVELOPMENT - SEE ATTACHED SCHEDULE</u> ----- ----- ----- (Grants and allocations \$ <u>7,489,729.</u>) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	9,108,713.
b <u>EDUCATION - SEE ATTACHED SCHEDULE</u> ----- ----- ----- (Grants and allocations \$ <u>1,787,515.</u>) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	2,060,008.
c <u>HEALTH AND RELIEF - SEE ATTACHED SCHEDULE</u> ----- ----- ----- (Grants and allocations \$ <u>58,716,902.</u>) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	60,093,099.
d <u>PUBLIC EDUCATION - SEE ATTACHED SCHEDULE</u> ----- ----- ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	5,762.
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	71,267,582.

BAA Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non-interest-bearing	0.	45 0.
	46 Savings and temporary cash investments	5,054,618.	46 10,146,720.
	47a Accounts receivable	47a 57,642.	
	b Less: allowance for doubtful accounts	47b 0.	47c 57,642.
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable	1,682,275.	49 474,330.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	0.	52 546,200.
	53 Prepaid expenses and deferred charges	76,561.	53 165,642.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a Investments — land, buildings, & equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments — other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 268,102.	
b Less: accumulated depreciation (attach schedule)	57b 123,726.	57c 44,166.	
58 Other assets, including program-related investments (describe		58	
59 Total assets (must equal line 74). Add lines 45 through 58	6,917,423.	59 11,534,910.	
LIABILITIES	60 Accounts payable and accrued expenses	836,044.	60 1,275,628.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe	204,750.	65 140,302.
	66 Total liabilities. Add lines 60 through 65	1,040,794.	66 1,415,930.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,531,990.	67 3,605,197.
	68 Temporarily restricted	4,344,639.	68 6,513,783.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,876,629.	73 10,118,980.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,917,423.	74 11,534,910.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	77,988,936.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	77,988,936.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	77,988,936.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	73,746,585.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	73,746,585.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	73,746,585.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE FOR NON-COMPENSATED DIRECTORS				
WILLIAM CORCORAN 1522 K STREET NW, SUITE 600 WASHINGTON DC 20005	PRESIDENT 35.00	194,688.	33,561.	0.
PHILIP DAVIES 1522 K STREET NW, SUITE 600 WASHINGTON DC 20005	VICE PRESIDENT 35.00	116,380.	26,688.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .. <u>36</u>	75a	X
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
PETER GUBSER 1522 K STREET NW, SUITE 600 WASHINGTON DC 20005	0.	8,321.	0.	0.

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	N/A
90 a List the states with which a copy of this return is filed ▶ See States Filed In		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	16
91 a The books are in care of ▶ ANERA Telephone number ▶ (202) 842-2766 Located at ▶ 1522 K St., N.W., Suite 600, Washington DC ZIP + 4 ▶ 20005		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	X
If 'Yes,' enter the name of the foreign country ▶ See Name of the Foreign Country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

If 'Yes,' enter the name of the foreign country ▶ Israel, Lebanon, Jordan

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	40,360.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS REVENUE					4,011.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				40,360.	4,011.
105 Total (add line 104, columns (B), (D), and (E))					44,371.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103a	REVENUE RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A	
Yes	No

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 1/14/09

Type or print name and title: HAILEY DAVIES, Vice President

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 1/7/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Lane & Company, CPA's
1920 N Street NW, Suite 725
Washington DC 20036

EIN: _____ Phone no.: (202) 463-6500

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ALFONSO WRIGHT 1522 K STREET NW, SUITE, WASHINGTON DC 20005	SENIOR ACCOUNTANT 35.00	89,311.	14,224.	0.
JAMAL AL-AREF 1522 K STREET NW, SUITE, WASHINGTON DC 20005	DEPUTY REPRESENTATIVE 35.00	138,804.	40,715.	0.
RAND JARALLAH 1522 K STREET NW, SUITE, WASHINGTON DC 20005	NABLUS AREA DIRECTOR 35.00	117,192.	34,386.	0.
ROBERT CROTHERS 1522 K STREET NW, SUITE, WASHINGTON DC 20005	REPRESENTATIVE 35.00	125,540.	10,043.	0.
ROBERT MOSRIE 1522 K STREET NW, SUITE, WASHINGTON DC 20005	COUNTRY DIRECTOR 35.00	80,000.	16,512.	0.
Total number of other employees paid over \$50,000	TEN			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	None	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	None	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt.	X	
3b	Did the organization have a section 403(b) annuity plan for its employees?		X
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
4b	Did the organization make any taxable distributions under section 4966?		
4c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	61,361,742.	30,215,213.	25,070,477.	29,690,040.	146,337,472.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 ..	49,106.	50,337.	40,374.	20,327.	160,144.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	61,410,848.	30,265,550.	25,110,851.	29,710,367.	146,497,616.
24 Line 23 minus line 17	61,410,848.	30,265,550.	25,110,851.	29,710,367.	146,497,616.
25 Enter 1% of line 23	614,108.	302,656.	251,109.	297,104.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,929,952.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 146,497,616.
d Add: Amounts from column (e) for lines: 18 160,144. 19 _____ 22 _____ 26b 0.					26d 160,144.
e Public support (line 26c minus line 26d total)					26e 146,337,472.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.89 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table –		
	If the amount on line 40 is – The lobbying nontaxable amount is –		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51 a (i)	X
(ii) Other assets	a (ii)	X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)	X
(iii) Rental of facilities, equipment, or other assets	b (iii)	X
(iv) Reimbursement arrangements	b (iv)	X
(v) Loans or loan guarantees	b (v)	X
(vi) Performance of services or membership or fundraising solicitations	b (vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

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

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

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

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICARES 88 HAMILTON AVENUE STAMFORD CT 06902	\$ 47,531,820.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK NY 10011-5765	\$ 3,921,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK GA 31525-6800	\$ 2,312,945.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT 1300 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20523	\$ 9,367,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$	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 Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICINE, MEDICAL SUPPLIES, LISTERINE, EDUCATIONAL SUPPLIES ----- ----- -----	\$ 47,531,820.	Various
2	MEDICINE, MEDICAL SUPPLIES, HALDOL ----- ----- -----	\$ 3,921,050.	Various
3	MEDICINE, MEDICAL SUPPLIES ----- ----- -----	\$ 2,312,945.	Various
---	----- ----- -----	\$	-----
---	----- ----- -----	\$	-----
---	----- ----- -----	\$	-----

Name as Shown on Return
AMERICAN NEAR EAST REFUGEE AID

Employer Identification No.
52-0882226

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SEE ATTACHED SCHEDULE	<input type="checkbox"/>				
WILLIAM CORCORAN	<input type="checkbox"/>	194,688.	129,819.	58,640.	6,229.
PHILIP DAVIES	<input type="checkbox"/>	116,380.	77,603.	35,054.	3,723.
	<input type="checkbox"/>				
Total Compensation Received		311,068.	207,422.	93,694.	9,952.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SEE ATTACHED SCHEDULE	<input type="checkbox"/>				
WILLIAM CORCORAN	<input type="checkbox"/>	33,561.	19,047.	13,146.	1,368.
PHILIP DAVIES	<input type="checkbox"/>	26,688.	15,147.	10,453.	1,088.
	<input type="checkbox"/>				
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		60,249.	34,194.	23,599.	2,456.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SEE ATTACHED SCHEDULE	<input type="checkbox"/>				
WILLIAM CORCORAN	<input type="checkbox"/>	0.	0.	0.	0.
PHILIP DAVIES	<input type="checkbox"/>	0.	0.	0.	0.
	<input type="checkbox"/>				
Total Expense Account and Other Allowances		0.	0.	0.	0.
Total to Part II, Line 25a ... ▶		371,317.	241,616.	117,293.	12,408.

Name as Shown on Return
AMERICAN NEAR EAST REFUGEE AID

Employer Identification No.
52-0882226

Loans and Advances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Loans & Advances				

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PETER GUBSER	8,321.	0.	8,321.	0.
Total Compensation Received	8,321.	0.	8,321.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25b ▶	8,321.	0.	8,321.	0.

Form 990. Part VI, Page 7, Line 90a

States Filed InSee attached schedule

Form 990, Page 7, Line 91b

Name of the Foreign CountryIsrael, Lebanon, Jordan

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE AND EQUIPMENT	196,286.	108,609.	87,677.
Vehicle	71,816.	15,117.	56,699.
Total	<u>268,102.</u>	<u>123,726.</u>	<u>144,376.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
GRANT COMMITMENTS	204,750.	140,302.
Total	<u>204,750.</u>	<u>140,302.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part IIILine 3aExplanation of: How We Determine Which Recipients Qualify to Receive Payments

SEVERAL FACTORS ARE EVALUATED IN DETERMINING INCLUSION OF A SCHOOL TO ANERA'S SCHOLARSHIP PROGRAM. THE SCHOOL MUST:

1. DEMONSTRATE HIGH STANDARDS IN ITS DELIVERY OF EDUCATION AND/OR REHABILITATION SERVICES.
2. HAVE BEEN IN OPERATION FOR AT LEAST THREE YEARS.
3. BE REGISTERED WITH THE LOCAL GOVERNING EDUCATIONAL AUTHORITY.
4. MAINTAIN A REGULAR GOVERNING BOARD AND OFFICERS.
5. CONDUCT INDEPENDENT, ANNUAL AUDITS.
6. SHOW EVIDENCE THAT DONATIONS FROM ANERA WOULD NOT EXCEED 50% OF THIER ANNUAL OPERATING COST.
7. PROVIDE PROJECTIONS THAT DEMONSTRATE THE INTSTITUTION'S FINANCIAL STABILITY FOR THE NEXT THREE TO FIVE YEARS.

Supporting Statement of:

Form 990 p 4/Line 67, column (A)

Description	Amount
UNDESIGNATED	1,021,537.
BOARD DESIGNATED ENDOWMENT	510,453.
Total	<u>1,531,990.</u>

Supporting Statement of:

Form 990 p 4/Line 67, column (B)

Description	Amount
UNDESIGNATED	3,072,314.
BOARD DESIGNATED ENDOWMENT	532,883.
Total	<u>3,605,197.</u>

Donor	Grant Amount	Grantee	Project Description	Location
US State Department - BPRM	\$324,298.00	Various schools and community centers	Increasing Educational Opportunities for Iraqi Refugee Children in Jordan	Jordan
CIDA	\$648,304.00	Child Well-Being Project	Provides psychosocial services for children at 81 community centers	West Bank and Gaza
Private Donors	\$104,365.00	Preschool Education Program	Trained preschool teachers	Gaza
	\$20,000.00	Arab Resource Center for Popular Arts	Active Learning and Creative Expression for Palestinian Refugees in Lebanon	Lebanon
	\$176,785.00	Atfaluna Society for the Deaf	Supporting construction of a new family and early intervention unit	Gaza
	\$45,000.00	IRAP	Support for Students with Hearing Impairment	Lebanon
	\$15,000.00	Service de l'Enfant Au Foyer	Support for orphaned children	Lebanon
	\$15,300.00	Dar El Tifi	Purchase computers	West Bank
	\$14,000.00	Dar El Yateem	Purchase computers and provide tutoring for orphan children	West Bank
	\$14,350.00	Rawdat El Zuhur	Renovate Jerusalem school	West Bank
	\$5,000.00	Zakira Picture Festival Assn	Support	West Bank
	\$1,000.00	National Christian Association, Jerusalem	Support for cultural activities	West Bank
	\$94,573.00	Edward Said National Conservatory for Music	Support for cultural education	West Bank
	\$5,000.00	Yabous Productions, Jerusalem	Support of cultural events	West Bank
	\$13,352.00	Palestine Women's Union	Scholarship support for kindergartens	Gaza
	\$5,000.00	Holy Land Institute for the Deaf	Scholarships for students with hearing impairments	Jordan
	\$14,200.00	Dar El Tifel	Scholarship support for children	West Bank
	\$14,100.00	Dar Al Yateem	Scholarship support for orphan children	West Bank
	\$6,000.00	Al Tour School for Boys	Support to upgrade library and buy new books	ED
	\$14,200.00	Rawdat al Zuhur	Scholarship support for children	West Bank
	\$14,200.00	Atfaluna Society for the Deaf	Scholarship support for students with hearing impairments	Gaza
	\$13,450.00	Al Kafaat Foundation	Scholarship support for children with multiple disabilities	Lebanon
	\$132,713.51	IT Center of Excellence	Construction	Gaza
	\$40,000.00	Arab American University (Jenin)	IT Center of Excellence	West Bank
	\$630,500.00	Birzeit University	IT Center of Excellence	West Bank
	\$60,000.00	Palestine Polytechnic University (Hebron)	IT Center of Excellence	West Bank
Global Impact	\$122,281.00	Birzeit University	Funding for admin building for IT faculty	West Bank
	\$135,200.00	Jbaa Youth Center	Expansion of Jbaa Youth IT Center	Lebanon
		Kfarsir Youth Center	Rehabilitation of Kfarsir Youth IT Center	Lebanon
		East Zaoutar Cultural Center	Rehabilitation of East Zawtar IT Center	Lebanon
		Tyre IT Center	Expansion of Tyre IT Center	Lebanon
		Tibnine Center	Rehabilitation of Tibnine IT Center	Lebanon
		Kfar Kila Center	Rehabilitation of Kfar Kila IT Center	Lebanon
		Klaile IT Center	Rehabilitation of Klaile IT Center	Lebanon
		Ksaibe Community Center	Rehabilitation of Ksaibe IT Center	Lebanon
		Ansar IT Center	Rehabilitation of Ansar IT Center	Lebanon
		Mimes IT Center	Establishment of Mimes IT Center	Lebanon
private and corporate donors	\$57,046,885.00	multiple partners	In-Kind donations of Medicines and Medical Supplies	Gaza, Lebanon, West Bank
private donors	\$50,000.00	Princess Basma Cntr for Disabled Children	Support improvement to facilities and of activities	West Bank
private donors	\$1,187,361.00	Milk for Preschoolers	micronutrient fortified milk & biscuits to 20,000 preschool children	Gaza
private donors	\$16,111.00	Creative Health Program - multiple partners	public health festivals and materials in camps and poor communities	Lebanon
private donors	\$18,155.00	Milk for Preschoolers	Purchasing fortified milk for	West Bank
private donors	\$5,000.00	Ramallah Hospital	Institutional support	West Bank
private donors	\$120,141.00	St. John Ophthalmic Hospital	Institutional support	West Bank
private donors	\$5,000.00	St. Joseph Hospital Friends Society	Acquisition of equipment for brain surgeries	West Bank
ACDI/VOCA	\$88,721	Southern West Bank Villages	Drought mitigation program	West Bank
		5 coops in Northern West Bank	Food Security Program/ Cooperative Development Project	West Bank
USAID - JOBS	\$1,836,888	Jericho	Asphalting of Roads	West Bank
		Bardala School	Renovations	West Bank
		Auja High School	Renovations	West Bank
		Hisham's Palace	Preservation of mosaics	West Bank
USAID - PINE	\$113,393.00	Hamza Bin Abed Almutaleb School	Construction	Gaza
		Awni Hertani School	Construction	Gaza
		Asdood Boys School	Construction	Gaza
		Al-Hurria School	Construction	Gaza
		Imam Shafe'ie School	Construction	Gaza
		Ard El-Helou Boys School	Construction	Gaza
		American International School	Rehabilitation	Gaza
		Greek Orthodox School	Renovation and new construction	Gaza
		Al-Nasr School	Renovation	Gaza
		Al-Wehda school	Renovation	Gaza
		Gaza School for Special Education	Renovation	Gaza
		About Clinic	Rehabilitation	West Bank
		Al-Dahrieh Municipality Clinic	Rehabilitation of Water/Sanitation Facilities	West Bank
		Deir Ghassaneh	Rehabilitation of the clinic	West Bank
		Zababdeh Clinic	Rehabilitation of Water/Sanitation Facilities	West Bank
OFDA (SABR Program)	\$139,050.00	Klaile Municipality	Reconstruction of bridge	Lebanon
		Aabbassiye Municipality	Reconstruction of retaining wall	Lebanon
		Borj ech Chemali Municipality	Reconstruction of culvert	Lebanon
		Mahrouneh Municipality	Vocational Training for Farmers and SMEs	Lebanon
		Zahriye Municipality	Reconstruction of walls	Lebanon
		Ain Baal Municipality	Reconstruction of walls	Lebanon
		Khirbit Silim Municipality	Rehabilitation of culvert	Lebanon
		Khirbit Silim Municipality	Rehabilitation of wall	Lebanon
		Deir Qanoun Municipality	Rehabilitation of wall	Lebanon
		Aaitaroun Municipality	Rehabilitation of Road and Retaining Walls	Lebanon
		Salaa Municipality	Construction of culvert	Lebanon
		Jbal al Botm Municipality	Construction of retaining wall	Lebanon
		Borj ech Chmali Municipality	Rehabilitation of Culvert	Lebanon
		Qantara Municipality	Construction of Culvert	Lebanon
		Zabqine Municipality	Rehabilitation of Retaining Wall	Lebanon
		Ainatata Municipality	Rehabilitation of Retaining Wall	Lebanon
		Zaoutar ech Charqiye Municipality	Rehabilitation of Retaining Wall	Lebanon
		Zaoutar el Charbiye Municipality	Rehabilitation of Retaining Wall	Lebanon
		Khirbit Silim Municipality	Rehabilitation of Culvert	Lebanon
		Khirbit Silim Municipality	Rehabilitation of Retaining Wall	Lebanon

Statement of Exempt Purpose and Project Selection

ANERA's mission is to reduce poverty and relieve suffering in the Middle East. First, reducing poverty requires economic and social development. Accordingly, the ANERA staff develops projects with local institutions aimed at increasing incomes, creating jobs, and the provision of essential social (health and education) services. The proposed projects are then reviewed by senior staff and subsequently submitted to the ANERA projects committee made up of ANERA board members for review and approval. Second, relieving suffering means the provision of welfare assistance to people in need. Needs are established by staff and methods of addressing them are developed. These are reviewed by senior staff and then submitted to the ANERA projects committee. The institutions that receive grants from ANERA are selected based on the types of educational, social, health services and training they provide to low income or needy beneficiaries. The institutions must also be able to administer ANERA grants, including preparation of progress reports, and must have an audit of their financial statements performed yearly by a certified public accountant.

Statement of Program Service Accomplishments

- A. Community and Economic Development – To enhance income, create jobs and provide essential social services. Projects include assistance to women's service organizations, irrigation and dairy cooperatives, urban economic infrastructure and refugee organizations.
- B. Education – To provide scholarships for specific students, operational funds for education and grants for construction and the purchase of equipment. Scholarships help orphans, the poor and the handicapped.
- C. Health and Relief – To donate medical supplies to hospitals and clinics in Lebanon and to fund the construction and organization of health services in the West Bank, Gaza and Israel.
- D. Public Education – To publish the ANERA newsletter which is issued quarterly and distributed free of charge. To speak to audiences in the U.S. regarding refugee and humanitarian issues in the Middle East.

ANERA Directory: Board of Directors 2007-2008

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All Directors serve approximately one hour per week without compensation, and can be contacted at: 1522 K Street, NW, Suite 600, Washington, DC 20005.

Registered States

Alabama
Alaska
Arizona
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Connecticut
District of Columbia
Florida
Georgia
Illinois
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Maryland
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Michigan
Minnesota
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New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <u>AMERICAN NEAR EAST REFUGEE AID</u>	Employer identification number 52-0882226
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <u>1522 K STREET, N.W.</u> , #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON	DC 20005

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 (section 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 ▶ ANERA -----
- Telephone No. ▶ (202) 842-2766 ----- FAX No. ▶ (202) 682-1637 -----
- 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 Jan 15 ____, 20 09 __, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
▶ calendar year 20 __ __ or
▶ tax year beginning Jun 1 ____, 20 07 __, and ending May 31 ____, 20 08 __.

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	\$	0.
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	\$	0.
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	\$	0.

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

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