

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)

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

A For the 2010 calendar year, or tax year beginning JUN 1, 2010 and ending MAY 31, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AMERICAN NEAR EAST REFUGEE AID</u>		D Employer identification number <u>52-0882226</u>
	Doing Business As		E Telephone number <u>202-266-9700</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>71,437,504.</u>
	<u>1111 14TH STREET, NW</u>	<u>400</u>	
City or town, state or country, and ZIP + 4 <u>WASHINGTON, DC 20005</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>WILLIAM CORCORAN</u> <u>SAME AS C ABOVE</u>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: <u>WWW.ANERA.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <u>1968</u>
			M State of legal domicile: <u>DC</u>

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>ADVANCE THE WELL-BEING OF PEOPLE IN THE WEST BANK, GAZA, LEBANON AND JORDAN THROUGH PARTNERSHIPS AND</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>28</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>28</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>25</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>0</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		<u>50,176,360.</u>	<u>70,970,012.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>0.</u>	<u>0.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>13,694.</u>	<u>18,685.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>395,332.</u>	<u>292,542.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>50,585,386.</u>	<u>71,281,239.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>44,478,521.</u>	<u>65,318,403.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>3,971,579.</u>	<u>4,664,213.</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	<u>0.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>507,983.</u>	<u>2,479,421.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>2,479,421.</u>	<u>2,909,052.</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>50,929,521.</u>	<u>72,891,668.</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u><344,135.></u>	<u><1,610,429.></u>
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>11,878,733.</u>	<u>9,780,895.</u>
		<u>2,524,395.</u>	<u>2,044,181.</u>
		<u>9,354,338.</u>	<u>7,736,714.</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>[Signature]</u>	Date <u>1/5/12</u>			
	<u>WILLIAM CORCORAN, PRESIDENT</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>WILLIAM E. TURCO, CPA</u>	Preparer's signature <u>[Signature]</u>	Date <u>1/4/12</u>	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name <u>RSM MCGLADREY LLC</u>	Firm's EIN		Phone no. <u>(301) 296-3600</u>	
Firm's address <u>9737 WASHINGTONIAN BLVD., #400</u> <u>GAITHERSBURG, MD 20878-7340</u>					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [x]

1 Briefly describe the organization's mission:

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 \$ 46,963,371, including grants of \$ 45,888,102.) (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 \$ 20,869,380, including grants of \$ 18,100,883.) (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 \$ 1,862,556, including grants of \$ 1,329,418.) (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.

Other program services. (Describe in Schedule O.)

(Expenses \$ 32,318, including grants of \$) (Revenue \$)

4e Total program service expenses 69,727,625.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		x
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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	
b	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, Parts I and IV</i>	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		x
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1 through 14b regarding Form 1096, W-2G, backup withholding, employees, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI [x]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [x] Own website [] Another's website [x] 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DONNA L. DIANE, CFO - 202-266-9700 1111 14TH STREET, NW, NO. 400, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
YE DE GRAFFENREID TASURER	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.
SAMIR TOUBASSY 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.
WITH 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 (describe hours for related organizations in Schedule O)	(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.	
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.	
b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							621,233.	0.	150,406.	
d Total (add lines 1b and 1c)							621,233.	0.	150,406.	

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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	15,000.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	21,108,129.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,846,883.					
	g Noncash contributions included in lines 1a-1f: \$		47,200,643.					
	h Total. Add lines 1a-1f			70,970,012.				
	Program Service Revenue	2 a _____	Business Code					
		b _____						
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,685.			18,685.	
	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 \$ 15,000. of contributions reported on line 1c). See Part IV, line 18	a		339,886.				
		b Less: direct expenses	b	156,265.				
		c Net income or (loss) from fundraising events			183,621.			183,621.
	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	108,921.				108,921.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			108,921.					
12 Total revenue. See instructions.			71,281,239.	0.	0.		311,227.	

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).

not include amounts reported on lines 6b, 7, 8, 9b, 9c, 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	65,318,403.	65,318,403.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	703,781.	442,950.	219,028.	41,803.
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	3,109,213.	2,017,184.	917,836.	174,193.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	92,431.	45,211.	40,147.	7,073.
9 Other employee benefits	571,422.	279,650.	248,326.	43,446.
10 Payroll taxes	187,366.	91,900.	81,606.	13,860.
11 Fees for services (non-employees):				
a Management				
b Legal	40,750.	17,276.	16,447.	7,027.
c Accounting	57,000.	24,165.	23,006.	9,829.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	485,445.	233,055.	221,873.	30,517.
12 Advertising and promotion	29,901.	1,995.	14,551.	13,355.
13 Office expenses	806,087.	433,504.	218,990.	153,593.
14 Information technology				
15 Royalties				
16 Occupancy	376,730.	130,512.	246,218.	
17 Travel	382,492.	223,216.	146,298.	12,978.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,975.	53,978.	105,997.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,433.		90,433.	
23 Insurance	24,603.		24,603.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TECHNICAL ASSISTANCE	282,065.	281,354.	711.	
b BAD DEBT EXPENSE	69,329.	69,329.		
c VAT REFUND	40,812.	40,812.		
d OTHER EXPENSES	29,573.	5,479.	23,785.	309.
e INTERN EXPENSE	27,616.	15,616.	12,000.	
f All other expenses	6,241.	2,036.	4,205.	
25 Total functional expenses. Add lines 1 through 24f	72,891,668.	69,727,625.	2,656,060.	507,983.
Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	8,889,389.	2	3,337,687.
	3 Pledges and grants receivable, net	589,278.	3	1,035,096.
	4 Accounts receivable, net	72,330.	4	124,784.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,891,760.	8	4,752,210.
	9 Prepaid expenses and deferred charges	162,879.	9	138,741.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 703,124.		
	b Less: accumulated depreciation	10b 310,747.	273,097.	10c 392,377.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,878,733.	16	9,780,895.	
Liabilities	17 Accounts payable and accrued expenses	1,466,723.	17	1,895,909.
	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	1,057,672.	25	148,272.
	26 Total liabilities. Add lines 17 through 25	2,524,395.	26	2,044,181.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,929,870.	27	6,220,879.
	28 Temporarily restricted net assets	4,361,265.	28	1,452,632.
	29 Permanently restricted net assets	63,203.	29	63,203.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,354,338.	33	7,736,714.	
34 Total liabilities and net assets/fund balances	11,878,733.	34	9,780,895.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	71,281,239.
2	Total expenses (must equal Part IX, column (A), line 25)	72,891,668.
3	Revenue less expenses. Subtract line 2 from line 1	<1,610,429.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9,354,338.
5	Other changes in net assets or fund balances (explain in Schedule O)	<7,195.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	7,736,714.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
2b	Were the organization's financial statements audited by an independent accountant?	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	x	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	x	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- 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	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,473,041.	77,944,565.	48,180,641.	50,525,640.	71,168,483.	309,292,370.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	61,473,041.	77,944,565.	48,180,641.	50,525,640.	71,168,483.	309,292,370.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						309,292,370.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	61,473,041.	77,944,565.	48,180,641.	50,525,640.	71,168,483.	309,292,370.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,106.	40,360.	18,688.	13,694.	18,685.	140,533.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	340.	4,011.	<12,332.>	117,108.	108,921.	218,048.
11 Total support. Add lines 7 through 10						309,650,951.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.90 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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	AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	\$ 30,752,098.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DIRECT RELIEF INTERNATIONAL 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	\$ 2,824,697.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10011	\$ 4,093,939.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 97207	\$ 4,001,850.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GLOBUS RELIEF 1775 WEST 1500 SOUTH SALT LAKE CITY, UT 84104	\$ 2,196,599.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT 1300 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20523	\$ 20,725,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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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
<u>1</u>	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>30,752,098.</u>	<u>05/31/11</u>
<u>2</u>	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>2,824,697.</u>	<u>05/31/11</u>
<u>3</u>	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>4,093,939.</u>	<u>05/31/11</u>
<u>4</u>	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>4,001,850.</u>	<u>05/31/11</u>
<u>5</u>	<u>MEDICAL SUPPLIES</u> _____ _____	\$ <u>2,196,599.</u>	<u>05/31/11</u>
_____	_____ _____ _____	\$ _____	_____

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations 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

2010

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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment 95.00%
b Permanent endowment 5.00%
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
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

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

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

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

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

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

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 2 shows REFUNDABLE GRANT ADVANCES with amount 148,272.

2. FIN 48 (ASC 740) 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 (ASC 740).

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	71,281,239.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,891,668.
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,610,429.>
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	<7,195.>
9	Total adjustments (net). Add lines 4 through 8	9	<7,195.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,617,624.>

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	71,430,309.
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	<7,195.>
	e Add lines 2a through 2d	2e	<7,195.>
3	Subtract line 2e from line 1	3	71,437,504.
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	<156,265.>
	c Add lines 4a and 4b	4c	<156,265.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	71,281,239.

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

1	Total expenses and losses per audited financial statements	1	73,047,933.
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	156,265.
	e Add lines 2a through 2d	2e	156,265.
3	Subtract line 2e from line 1	3	72,891,668.
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	72,891,668.

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, 2011,

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

CONTINGENCIES WERE \$1,269,202.

PERMANENTLY RESTRICTED NET ASSETS: CONTRIBUTIONS AND OTHER INFLOWS OF

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

INCIPAL MUST BE MAINTAINED PERMANENTLY BY ANERA, THE PERMANENTLY

RESTRICTED NET ASSETS AS OF 05/31/2011 WERE IN THE AMOUNT OF \$63,203.

Part XIV Supplemental Information (continued)

PART X, LINE 2: ANERA IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS. ANERA IS QUALIFIED, COMMENCING JULY 1, 2003, AS A PUBLIC CHARITY UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE. ANERA IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.

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 PERCENT 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. GENERALLY, ANERA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE MAY 31, 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2010

032055
12-20-10

Part XIV Supplemental Information (continued)

FOREIGN CURRENCY TRANSLATION ADJUSTMENT -7,195.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT -7,195.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -156,265.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 156,265.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

Open to Public
Inspection

1e of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	7	88	PROGRAM SERVICES	GRANTMAKING	65,530,131.
3 a Sub-total	7	88			65,530,131.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	7	88			65,530,131.

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

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

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	SCHOOL FOR DEAF - OPERATIONAL SUPPORT	30,000	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIPS	24,680	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	OPERATIONAL SUPPORT	28,252	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP	13,919	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	OPERATIONAL COSTS	10,000	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 78

3 Enter total number of other organizations or entities 78

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	CHILDREN'S SUMMER CAMPS	10,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOOLS TO COVER OPERATING COSTS	12,025	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	CHILDREN'S SUMMER CAMPS	10,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP	2,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP	2,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	VOCATIONAL TRAINING FOR PALESTINIAN CHILDREN	32,025	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURE PROJECT	39,965	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION - ACTIVITY LEARNING	18,500	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	SPRING AND SUMMER HEALTH FESTIVAL	23,117	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT OPERATIONS OF SCHOOL FOR THE DEAF	45,000	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF VOCATIONAL CENTER IN NAHR EL BARED AND MAINTAIN PLAYGROUND	34,648	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	HEALTH EDUCATION - ANEMIA CONTROL, DIET & EXERCISE, ANTI SMOKING	6,400	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	VOCATIONAL TRAINING ASSESSMENT	6,310	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT OPERATING COSTS TO HELP THE FAMILIES OF ORPHANED CHILDREN AND BROKEN	15,000	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF VOCATIONAL CENTER IN NAHR EL BARED;	5,700	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	VOCATIONAL TRAINING	43,215	CHECK	0				
			MIDDLE EAST AND NORTH AFRICA	AGRICULTURE PROJECT	25,708	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	AGRICULTURE PROJECT	17,100	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TUTION FOR NEEDY STUDENTS	100,000	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA		0		4,565,036	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0		1,253,073	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0		2,259,904	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0		1,344,936	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0		2,125,699	SIMVASTATIN	FMV
			MIDDLE EAST AND NORTH AFRICA		0		1,968,240	SIMVASTATIN	FMV
			MIDDLE EAST AND NORTH AFRICA		0		671,027	MEDS & 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		0.		157,350.	CEREZYME (75 V) & MYOZYME (48 V)	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		130,052.	CEREZYME (82 VITALS)	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		711,236.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		212,160.	WHEELCHAIRS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		232,980.	HYGIENE KITS & QUILTS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		173,712.	SCHOOL KITS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		90,555.	SCHOOL KITS & HYGIENE KITS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		179,697.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,656,553.	MEDS & 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		0.		199,960.	WHEELCHAIRS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		4,062,249.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		253,711.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		6,729.	ANTI RETROVIRALS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,117,115.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,008,700.	FACTOR VIII	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,251,246.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		734,419.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		118,249.	NYOUIL	FMV

52-0882226

AMERICAN NEAR EAST REFUGEE AID

Schedule F (Form 990)

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		0.		262,001.	FACTOR VIII	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		750,982.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,721,954.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		297,040.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		824,439.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		944,640.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		33,756.	RITODRINE HCL (YUTOPAR)	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		2,197,724.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,747,902.	MEDS & 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		0.		1,725,840.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		305,536.	AMOXICILLIN & RISPERIDONE	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		74,456.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		177,549.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		299,799.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		73,166.	CEREZYME, MYOZYME, ALDURAZYME	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		58,682.	CEREZYME (37 VIALS)	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		180,804.	CEREZYME (114 VIALS)	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		25,376.	CEREZYME (128 VIALS)	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		0.		540,723.	MED & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		1,237,283.	MEDS & SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		963,115.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		3,038,735.	PHARMS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		166,775.	WHEELCHAIRS	FMV
			MIDDLE EAST AND NORTH AFRICA		0.		55,510.	MEDS & SUPPLIES	
			MIDDLE EAST AND NORTH AFRICA		0.		78,000.	SCHOOL FOR DEAF - OPERATIONAL SUPPORT	

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.

Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: ANERA SCREENS FUNDERS, PARTNERS AND PROGRAM RECIPIENTS USING CONTINUALLY UPDATED SOFTWARE PURCHASED TO COMPLY WITH THE U.S. OFFICE OF FOREIGN ASSET CONTROLS. THERE IS ALSO ASSESSMENT BY FIELD OFFICES OF ALL PROJECT PARTNERS TO JUDGE SKILL SETS AND THE ABILITY TO PERFORM. RECIPIENTS ARE REQUIRED TO SIGN GRANT AGREEMENTS. PROGRESS REPORTS ARE REQUIRED BY EACH GRANTEE. LOCAL OFFICE PERSONNEL PERFORM ROUTINE SITE VISITS AND REVIEW AGAINST SUBMITTED REPORTS. DEPENDING ON THE TERMS OF THE GRANT, INDEPENDENT AUDITS MAY BE REQUIRED. INDEPENDENT FINANCIAL AUDITS OF FIELD OFFICES AND HEADQUARTERS AS WELL AAS AN A-133 AUDIT REQUIRED FOR U.S. GOVERNMENTS GRANTS ARE PERFORMED ON AN ANNUAL BASIS.

AT II, COLUMN (D): REGION: MIDDLE EAST AND NORTH AFRICA (D) PURPOSE OF GRANT: REHABILITAION OF VOCATIONAL CENTER IN NAHR EL BARED AND MAINTAIN PLAYGROUND IN THE CAMP

REGION: MIDDLE EAST AND NORTH AFRICA (D) PURPOSE OF GRANT: TO SUPPORT OPERATING COSTS TO HELP THE FAMILIES OF ORPHANED CHILDREN AND BROKEN FAMILIES

REGION: MIDDLE EAST AND NORTH AFRICA (D) PURPOSE OF GRANT: REHABILITAION OF VOCATIONAL CENTER IN NAHR EL BARED; VOCATIONAL TRAINING FOR PALESTINIAN CHILDREN

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	354,886.			354,886.
	2 Less: Charitable contributions	15,000.			15,000.
	3 Gross income (line 1 minus line 2)	339,886.			339,886.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	156,265.			156,265.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(156,265)
11 Net income summary. Combine line 3, column (d), and line 10				183,621.	

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))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" 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	1b x	
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?	2 x	
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	x
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	x
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	x
b Any related organization?	5b	x
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	x
b Any related organization?	6b	x
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	x
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	x
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM D. CORCORAN	(i)	192,292.	0.	15,848.	15,735.	223,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 WILLIAM J. HOPKINS	(i)	148,649.	0.	11,061.	0.	159,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 1A: KEN LIZZIO RECEIVED HOUSING ALLOWANCE AND PERSONAL

SERVICES IN THE AMOUNT OF \$37,507.

JOHN VISTE RECEIVED HOUSING ALLOWANCE IN THE AMOUNT OF 24,525.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
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	55	47,200,645	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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?
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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010
Open to Public
Inspection

1e 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 \$ 32,318. 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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

LOYEES.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: FOREIGN CURRENCY TRANSLATION ADJUSTMENT -7,195.

Application for Extension of Time To File an Exempt Organization Return

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

you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box

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

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

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

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

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

Part I only

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

Type or print	Name of exempt organization <u>AMERICAN NEAR EAST REFUGEE AID</u>	Employer identification number <u>52-0882226</u>
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. <u>1111 14TH STREET, NW, NO. 400</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>WASHINGTON, DC 20005</u>	

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

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

DONNA L. DIANE, CFO

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2012, 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, 2010, and ending MAY 31, 2011.

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

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

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