

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2016** calendar year, or tax year beginning **JUN 1, 2016** and ending **MAY 31, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN NEAR EAST REFUGEE AID</b>		<b>D</b> Employer identification number <b>52-0882226</b>
	Doing business as <b>ANERA</b>		<b>E</b> Telephone number <b>202-266-9700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>67,787,219.</b>
	<b>1111 14TH STREET, NW, STE 400</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**J** Website: **WWW.ANERA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1968** **M** State of legal domicile: **DC**

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: **ADDRESS DEVELOPMENT/HUMANITARIAN NEEDS OF PALESTINIANS AND OTHER COMMUNITIES IN THE MIDDLE EAST.**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>27</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>81</b>
<b>7a</b> Total unrelated business revenue from Part VII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	57,327,621.	67,167,402.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,522.	19,066.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	476,929.	452,937.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,807,072.	67,639,405.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,087,643.	60,344,445.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,839,629.	6,571,126.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	44,000.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	896,652.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,774,916.	3,627,865.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,702,188.	70,587,436.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,104,884.	-2,948,031.
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	19,319,862.	15,449,891.
<b>21</b> Total liabilities (Part X, line 26)	6,234,107.	5,326,556.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,085,755.	10,123,335.

## 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: *[Signature]* Date: **Sept 21, 2017**  
 SEAN C. CARROLL, CEO  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **WILLIAM E. TURCO, CPA** Preparer's signature: *[Signature]* Date: **SEP 21 2017** Check  self-employed PTIN: **P00369217**  
 Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**  
 Firm's address: **9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340** Phone no. (301) 296-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ANERA ADDRESSES THE DEVELOPMENT AND HUMANITARIAN NEEDS OF PALESTINIANS AND OTHER COMMUNITIES IN THE MIDDLE EAST. ANERA HELPS LOCAL INSTITUTIONS BECOME MORE SELF-SUFFICIENT AND EFFECTIVE IN SERVING THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [x] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 49,635,007. including grants of \$ 48,913,631. ) (Revenue \$ ) HEALTH AND RELIEF: IN FISCAL YEAR 2017, ANERA DISTRIBUTED THROUGHOUT LEBANON AND PALESTINE 50 SHIPMENTS OF VITAL MEDICINES, EQUIPMENT, WHEELCHAIRS, OVER-THE-COUNTER DRUGS AND HEALTH CARE SUPPLIES THAT WOULD NOT OTHERWISE BE AVAILABLE IN THE COMMUNITIES WHERE THEY ARE NEEDED THE MOST. ANERA ALSO TRAINED 123 HEALTH CARE WORKERS TO SPREAD HEALTHY MESSAGES IN REFUGEE CAMPS. WE PROVIDED FREE-OF-CHARGE DENTAL CARE TO 2,200 CHILDREN IN LEBANON DISPLACED BECAUSE OF THE SYRIAN WAR; FOR SOME IT WAS THE FIRST TIME THEY EVER SAW A DENTIST. WE ALSO DELIVERED RELIEF IN THE FORM OF HYGIENE KITS AND FOOD PARCELS TO MORE THAN 7,000 GAZA AND LEBANON FAMILIES WHO STRUGGLE AFFORD THE BASICS. (CONTINUED AT SCHEDULE O)

4b (Code: ) (Expenses \$ 11,152,629. including grants of \$ 7,003,954. ) (Revenue \$ ) COMMUNITY AND ECONOMIC DEVELOPMENT: ANERA PROGRAMS IN FISCAL YEAR 2017 IMPROVED FAMILY LIVELIHOODS BY CREATING 1,770 SHORT-TERM JOBS CONSTRUCTING HIGH QUALITY INFRASTRUCTURE. IN 25 COMMUNITIES ACROSS THE WEST BANK AND GAZA, WE CONSTRUCTED SIX RESERVOIRS AND INSTALLED/IMPROVED 19 WATER NETWORKS, CONNECTING 110,000 PALESTINIANS TO RELIABLE SOURCES OF WATER. WE WORKED WITH 235 GAZA FARMING FAMILIES TO EFFECTIVELY IRRIGATE AND PLANT THEIR LANDS. IN LEBANON, ANERA PROVIDED IN-DEMAND JOB SKILL TRAINING TO 9,140 YOUNG PEOPLE, AWARDING 276 OUTSTANDING STUDENTS WITH GRADUATION KITS COMPLETE WITH TOOLS TO GET A JUMPSTART IN THEIR NEW PROFESSIONS. TRASH CLEARING AND RECYCLING IN THREE LEBANON COMMUNITIES INSPIRED 87 VOLUNTEERS (CONTINUED AT SCHEDULE O)

4c (Code: ) (Expenses \$ 6,508,017. including grants of \$ 4,426,860. ) (Revenue \$ ) EDUCATION: FROM KINDERGARTEN TO VOCATIONAL SCHOOL, ANERA OPENED DOORS FOR PEOPLE TO ACCESS OPPORTUNITIES FOR LEARNING. IN THE WEST BANK, WE BUILT THREE NEW PRIMARY AND SECONDARY SCHOOLS TO CREATE A BETTER LEARNING ENVIRONMENT FOR 644 STUDENTS. NEARLY 100 PRESCHOOL TEACHERS BENEFITED FROM ANERA'S TRAINING AND MENTORING PROGRAM, PART OF OUR GROUND-BREAKING EARLY CHILDHOOD DEVELOPMENT WORK IN PALESTINE. WE ALSO RENOVATED EIGHT PRESCHOOLS, ENGAGED 680 CAREGIVERS IN POSITIVE PARENTING WORKSHOPS, AND DISTRIBUTED MORE THAN 1,000 BAGS FILLED WITH FUN, AGE-APPROPRIATE LEARNING MATERIALS TO PRESCHOOLERS. IN LEBANON'S PALESTINIAN AND SYRIAN CAMPS, ANERA BROUGHT 8,658 OUT-OF-SCHOOL YOUTHS INTO THE CLASSROOM (CONTINUED AT SCHEDULE O)

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

4e Total program service expenses 67,295,653.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	x	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		x
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		x
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		x
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		x
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	x	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		x
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		x
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	x	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	x	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	x	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x
14a Did the organization maintain an office, employees, or agents outside of the United States?	x	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	x	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	x	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	x	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	x	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	<i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent .....		
1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
6	Did the organization have members or stockholders? .....	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .....	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
13	Did the organization have a written whistleblower policy? .....	13	X
14	Did the organization have a written document retention and destruction policy? .....	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official .....	15a	X
b	Other officers or key employees of the organization .....	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
DONNA L. DIANE, CFO - 202-266-9700  
1111 14TH STREET NW, STE 400, WASHINGTON, DC 20005

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID NYGAARD, PHD CHAIR	1.00	X		X				0.	0.	0.
(2) ROBERT ANTON MERTZ, PHD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ROBERT H. TRICE, PHD TREASURER	1.00	X		X				0.	0.	0.
(4) SANAA ABOUZAIID DIRECTOR	1.00	X						0.	0.	0.
(5) MARY LOU DUNFORD AFIFI DIRECTOR	1.00	X						0.	0.	0.
(6) ZEINA AZZAM DIRECTOR	1.00	X						0.	0.	0.
(7) LEENA EL-ALI DIRECTOR	1.00	X						0.	0.	0.
(8) HANI M.S. FARSI DIRECTOR	1.00	X						0.	0.	0.
(9) ILANA FELDMAN, PHD DIRECTOR	1.00	X						0.	0.	0.
(10) JAMES P. GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(11) JEFFREY GHANNAM, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(12) JEAN GLOCK DIRECTOR	1.00	X						0.	0.	0.
(13) EDWARD "SKIP" GNEHM DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN GURLEY DIRECTOR	1.00	X						0.	0.	0.
(15) HAIG V. KALBIAN DIRECTOR	1.00	X						0.	0.	0.
(16) STEPHEN KARAM DIRECTOR	1.00	X						0.	0.	0.
(17) ALFRED N. KHOURY, MD DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN P. RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	
(19) KATHLEEN RIDOLFO DIRECTOR	1.00	X					0.	0.	0.	
(20) MICHAEL G. SAHOURI DIRECTOR	1.00	X					0.	0.	0.	
(21) JAY J. SCHNITZER, MD, PHD DIRECTOR	1.00	X					0.	0.	0.	
(22) PETER SCHOETTLE, PHD DIRECTOR	1.00	X					0.	0.	0.	
(23) MUNA SHAMI, PHD DIRECTOR	1.00	X					0.	0.	0.	
(24) DAVID SPRAGUE, PHD DIRECTOR	1.00	X					0.	0.	0.	
(25) ELENA TURNER DIRECTOR	1.00	X					0.	0.	0.	
(26) MARWA HASSOUN DIRECTOR UNTIL 04/2017	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,403,686.	0.	168,830.	
<b>d Total (add lines 1b and 1c)</b>							1,403,686.	0.	168,830.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AL-AMARA COMPANY, AL AKER BLDG 1ST FL FAISAL ST, NABLUS, WEST BANK, PALESTINE	CONSTRUCTION & CONTRACTING	1,088,021.
SAQQA & KHOUDARY CO. LTD., GREEN TOWER BLDG, 4TH FL, NAZEEH QURA ST, WEST BANK	CONSTRUCTION & CONTRACTING	842,753.
BALSAM COMPANY FOR GENERAL CONTRACTING, VILLAGE OF FAHMEH, CITY OF JENIN, WEST	CONSTRUCTION & CONTRACTING	827,972.
AL-REMAH FOR GENERAL CONTRACTING, MIDTOWN-POST OFFICE ST, BEIT OMMAR	CONSTRUCTION & CONTRACTING	777,166.
FARASH GENERAL CONTRACTING COMPANY, BEIT AULA, MIN STREET, TOWN CENTER, HEBRON, WEST	CONSTRUCTION & CONTRACTING	771,769.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ILHAM NASSER DIRECTOR UNTIL 05/2017	1.00	X						0.	0.	0.
(28) TAREK GHANDOUR DIRECTOR UNTIL 11/2016	1.00	X						0.	0.	0.
(29) ABDALLAH SIMAIKA DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(30) TERESA BARGER DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(31) SANDRA CHARLES DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(32) KENNETH CLOSE DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(33) MAZEN FAROUKI DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(34) LARRY HAMDAN DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(35) JOSEPH SABA DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(36) JAMES SAMS DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(37) EDMUND SAUMS DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(38) MURAD SIAM DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(39) MARCELLE WAHBA DIRECTOR UNTIL 10/2016	1.00	X						0.	0.	0.
(40) WILLIAM D. CORCORAN PRESIDENT & CEO	40.00			X				252,394.	0.	36,093.
(41) DONNA L. DIANE CFO	40.00			X				165,914.	0.	27,190.
(42) ELLEN GIORDANO VICE PRESIDENT	40.00			X				164,428.	0.	25,006.
(43) MARGARET F. SCHMITZ VICE PRESIDENT	40.00			X				121,272.	0.	24,859.
(44) PAUL BUTLER COUNTRY DIRECTOR, WB/GAZA	40.00					X		196,306.	0.	20,175.
(45) SAMAR EL YASSIR COUNTRY DIRECTOR, LEBANON	40.00					X		103,788.	0.	16,596.
(46) JAMAL AL-AREF DEPUTY COUNTRY DIRECTOR, WB/GAZA	40.00					X		399,584.	0.	18,911.
Total to Part VII, Section A, line 1c								1,403,686.		168,830.

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	70,257.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	10,069,691.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	57,027,454.			
	g Noncash contributions included in lines 1a-1f: \$		45,173,354.			
	<b>h Total. Add lines 1a-1f</b>		67,167,402.			
	Program Service Revenue	<b>Business Code</b>				
		2 a				
b						
c						
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,489.		19,489.	
	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		423.		
		c Gain or (loss)		-423.		
	d Net gain or (loss)		-423.		-423.	
	8 a Gross income from fundraising events (not including \$ 70,257. of contributions reported on line 1c). See Part IV, line 18	a	462,479.			
		b Less: direct expenses	b	147,391.		
c Net income or (loss) from fundraising events			315,088.		315,088.	
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					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a OTHER INCOME		900099	137,849.		137,849.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			137,849.			
<b>12 Total revenue. See instructions.</b>			67,639,405.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	60,344,445.	60,344,445.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	843,439.	551,895.	224,281.	67,263.
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 .....	3,361,831.	2,232,949.	868,043.	260,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	144,186.	60,679.	64,055.	19,452.
9 Other employee benefits .....	2,022,723.	1,571,256.	356,313.	95,154.
10 Payroll taxes .....	198,947.	95,318.	79,808.	23,821.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	80,015.	33,216.	46,799.	
c Accounting .....	139,855.	49,436.	90,419.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	44,000.			44,000.
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	342,583.	40,433.	105,805.	196,345.
12 Advertising and promotion .....	23,480.	4,926.	8,863.	9,691.
13 Office expenses .....	580,782.	364,241.	104,159.	112,382.
14 Information technology .....	82,017.	7,356.	31,872.	42,789.
15 Royalties .....				
16 Occupancy .....	686,601.	415,280.	271,321.	
17 Travel .....	463,626.	399,709.	47,384.	16,533.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	97,112.	58,015.	31,747.	7,350.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	69,148.	57,435.	11,713.	
23 Insurance .....	38,601.		37,617.	984.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNICAL ASSISTANCE .....	1,005,836.	1,005,472.	364.	
b OTHER EXPENSES .....	18,209.	3,592.	14,568.	49.
c .....				
d .....				
e All other expenses .....				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>70,587,436.</b>	<b>67,295,653.</b>	<b>2,395,131.</b>	<b>896,652.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	13,795,001.	2 13,592,690.
	3	Pledges and grants receivable, net .....	357,213.	3 162,614.
	4	Accounts receivable, net .....	215,191.	4 409,203.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....	4,513,797.	8 729,559.
	9	Prepaid expenses and deferred charges .....	288,853.	9 296,481.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,170,454.	
	b	Less: accumulated depreciation .....	10b 962,871.	10c 207,583.
	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 .....	0.	15 51,761.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,319,862.	16 15,449,891.	
Liabilities	17	Accounts payable and accrued expenses .....	3,109,943.	17 3,436,358.
	18	Grants payable .....	3,124,164.	18 1,838,437.
	19	Deferred revenue .....		19
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	25 51,761.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	6,234,107.	26 5,326,556.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	10,657,537.	27 8,162,367.
	28	Temporarily restricted net assets .....	2,355,015.	28 1,887,765.
	29	Permanently restricted net assets .....	73,203.	29 73,203.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	13,085,755.	33 10,123,335.	
34	<b>Total liabilities and net assets/fund balances</b> .....	19,319,862.	34 15,449,891.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,639,405.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,587,436.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,948,031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,085,755.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,389.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,123,335.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2016)



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	67,521,047.	57,906,863.	57,681,494.	57,327,621.	67,167,402.	307,604,427.
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 <b>Total.</b> Add lines 1 through 3 .....	67,521,047.	57,906,863.	57,681,494.	57,327,621.	67,167,402.	307,604,427.
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) .....						4,921,584.
6 <b>Public support.</b> Subtract line 5 from line 4.						302,682,843.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	67,521,047.	57,906,863.	57,681,494.	57,327,621.	67,167,402.	307,604,427.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	510.	271.	980.	2,263.	19,489.	23,513.
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 VI.) .....	16,721.	1,965.	24,349.	109,925.	137,849.	290,809.
11 <b>Total support.</b> Add lines 7 through 10						307,918,749.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	98.30	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	98.63	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER EXCLUDED INCOME

2012 AMOUNT: \$ 16,721.

2013 AMOUNT: \$ 1,965.

2014 AMOUNT: \$ 24,349.

2015 AMOUNT: \$ 109,925.

2016 AMOUNT: \$ 137,849.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>21,759,491.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,399,984.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,985,310.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,167,568.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,069,691.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ <u>4,102,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MEDICINE & SUPPLIES	\$ 21,759,491.	05/31/17
2	MEDICINE & SUPPLIES	\$ 15,399,984.	05/31/17
3	BOOTS AND SHOES	\$ 1,985,310.	05/31/17
4	MEDICINE	\$ 2,167,568.	05/31/17
		\$	
		\$	



Name of organization <b>AMERICAN NEAR EAST REFUGEE AID</b>	Employer identification number 52-0882226
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant use.

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

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

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

Table with 3 columns: Question number, description, and amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

Part V Endowment Funds. Complete if the organization answered "Yes" on 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: 1a-1g

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

- a Board designated or quasi-endowment 97.58%
b Permanent endowment 2.42%
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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: 1a-1e, Total

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	51,761.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	51,761.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	67,772,407.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-14,389.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-14,389.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	67,786,796.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-147,391.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-147,391.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	67,639,405.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	70,734,827.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	147,391.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	147,391.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	70,587,436.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	70,587,436.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

BOARD DESIGNATED NET ASSETS: AS OF MAY 31, 2017, BOARD DESIGNATED NET

ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE

\$2,955,929.

PERMANENTLY RESTRICTED NET ASSETS: CONTRIBUTIONS AND OTHER INFLOWS OF

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

PRINCIPAL MUST BE MAINTAINED PERMANENTLY BY ANERA. THE PERMANENTLY

RESTRICTED NET ASSETS AS OF 05/31/2017 WERE IN THE AMOUNT OF \$73,203.

PART X, LINE 2:

ANERA IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE

**Part XIII** Supplemental Information (continued)

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HOWEVER,  
 ANERA IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME AS DEFINED  
 BY THE INTERNAL REVENUE SERVICE (IRS), DURING THE YEARS ENDED MAY 31, 2017  
 AND 2016, ANERA HAD NO TAXABLE UNRELATED BUSINESS INCOME AND, ACCORDINGLY,  
 NO PROVISION FOR INCOME TAXES WAS REQUIRED IN THE ACCOMPANYING FINANCIAL  
 STATEMENTS.

ANERA FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN  
 INCOME TAXES. UNDER THIS GUIDANCE, ANERA MAY RECOGNIZE THE TAX BENEFIT  
 FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE  
 TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED  
 ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN  
 THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE  
 LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED  
 UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN  
 INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND  
 PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED ANERA'S TAX POSITIONS AND CONCLUDED THAT ANERA HAD  
 TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL  
 STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY,  
 ANERA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL,  
 STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:  
 UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT -14,389.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -147,391.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 147,391.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization <b>AMERICAN NEAR EAST REFUGEE AID</b>	Employer identification number <b>52-0882226</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	7	89	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES AND BENEFITS, PROFESSIONAL FEES, TELEPHONE, ETC.	5,992,629.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,005,835.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		60,358,357.
MIDDLE EAST AND NORTH AFRICA	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	8,551.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	2,748.
MIDDLE EAST AND NORTH AFRICA	0	0	ADMINISTRATION, COMMUNICATIONS AND FINANCE	TRAVEL EXPENSES	14,992.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL (SUPPORT OF PROGRAMS)	TRAVEL EXPENSES	918.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	4,541.
<b>3 a Sub-total</b>	<b>7</b>	<b>89</b>			<b>67,388,571.</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>3,022.</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>7</b>	<b>89</b>			<b>67,391,593.</b>





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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO REPLACE OLD DETERIORATED WATER AND WASTE WATER NETWORKS	108,121	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	43,164	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	16,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	6,555	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	1,040,430	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	960,465	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	37,995	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	29,175	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

105

3 Enter total number of other organizations or entities

126

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	101,375	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	27,897	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	125,296	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	429,206	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	5,974	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	168,015	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	157,696	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO HELP NEEDY FAMILIES IN GAZA ACHIEVE FOOD SECURITY BY FARMING THEIR OWN	31,922	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	19,947	CHECK	0		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	7,100	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO HELP FARMERS IN GETTING LOANS TO FINANCE THEIR OPERATING ACTIVITIES	18,148	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	13,359	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	6,340	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	451,304	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	8,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT BIRZEIT UNIVERSITY	50,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO DISTRIBUTE RAMADAN FOOD PACKAGES	55,839	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	48,070	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	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	42,490	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	43,962	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	23,354	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	70,922	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	8,905	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	23,650	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	28,560	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO REPLACE OLD DETERIORATED WATER AND WASTE WATER NETWORKS	229,764	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	128,191	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT EDWARD SAID NATIONAL CONSERVATORY OF MUSIC	6,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO COMBATE WOMEN'S OBESITY THROUGH LIFESTYLE INTERVENTION	19,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	203,875	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	9,569	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	352,326	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO CONSTRUCT NEW PRESCHOOL	83,860	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO REPLACE OLD DETERIORATED WATER AND WASTE WATER NETWORKS	125,544	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	71,565	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	24,064	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	8,288	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	7,200	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	7,048	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT INJURED CHILD ASSOCIATION	5,200	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	26,090	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	12,706	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	8,358	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	238,409	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO WINTERIZE REFUGEES FAMILIES IN PALESTINE	62,000	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURAL LAND RESTORATION PROJECT	62,690	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO REPLACE OLD DETERIORATED WATER AND WASTE WATER NETWORKS	256,711	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	94,726	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	12,008	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	18,067	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURAL LAND RESTORATION PROJECT	23,394	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	431,548	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	13,902	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	34,532	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	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	129,850	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	38,963	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	AGRICULTURAL LAND RESTORATION PROJECT	72,479	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	5,104	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	6,311	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT PALESTINIAN ACADEMIC SOCIETY FOR THE STUDY OF INTERNATIONAL	20,000	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	7,819	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT RAWDAT EL ZAHUR ELEMENTARY SCHOOL	5,640	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	TO PROMOTE RURAL TOURISM	20,000	CHECK	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	105,018	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	TO UTILIZE LOW COST TREATED WASTEWATER FOR IRRIGATION	9,250	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	TO PURCHASE COMPUTERS FOR SALESIAN TECHNICAL SCHOOL AND VOCATIONAL TRAINING	8,000	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	9,587	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	EAST JERUSALEM HEALTH AND EDUCATION PROJECT	105,838	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	18,057	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	444,424	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	TO PURCHASE BLOOD BAGS FOR HOSPITALS	14,819	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	127,697	CHECK	0.		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	10,080	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	PALESTINIAN COMMUNITY INFRASTRUCTURE DEVELOPMENT PROGRAM	13,140	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	22,874	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO PURCHASE BLOOD BAGS FOR HOSPITALS	9,577	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		248,623	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		1,232,850	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		2,079,451	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		776,934	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0		364,520	MEDICAL AND SOCIAL SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		647,740.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		36,373.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		90,426.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		68,441.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		259,994.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		674,848.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		83,299.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		367,731.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		727,240.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,583,733.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		3,223,311.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		815,962.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		55,963.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		50,298.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		374,457.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		76,128.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		29,581.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,150,530.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,429,838.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,662,948.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,439,254.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		646,666.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,040,739.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		655,969.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		216,955.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,835,695.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		201,605.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,937,948.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		148,560.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		124,800.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		451,026.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		212,524.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		51,287.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,462,749.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		815,698.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,333.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		3,553,251.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		107,393.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		332,944.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		37,400.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		781,644.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	6,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	11,508.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT	5,100.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		4,233,000.	MEDICAL AND SOCIAL SUPPLIES	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,170,470.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,066,895.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,034.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,200.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,297.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,306.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,445.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,579.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,747.	CHECK	0.		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,782	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	5,941	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,056	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,109	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,177	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,260	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,420	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,581	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,723	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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,796	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	6,905	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	7,000	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	7,047	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	7,427	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	8,469	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	8,490	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	8,561	CHECK	0		
			MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	8,784	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,082	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,097	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,592	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,723	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,847	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	9,861	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	10,496	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	10,696	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	10,890	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	10,979	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,074	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,313	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,408	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,422	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,500	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,600	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	11,825	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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	12,004	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	12,947	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO FUND SCHOLARSHIPS	13,732	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	13,904	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	14,504	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	15,628	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	15,956	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	16,338	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	17,257	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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	18,895	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	19,015	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	19,372	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	19,856	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	21,278	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	25,165	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	25,275	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	26,097	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	27,160	CHECK	0		

(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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	27,632	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	29,112	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	30,148	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	31,487	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	31,703	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	32,211	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	36,641	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	37,562	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	38,293	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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	38,450	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	40,064	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	41,300	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	41,730	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	42,752	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	45,060	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	47,300	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	49,776	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT ORPHANED CHILDREN	50,000	CHECK	0		

(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	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	51,101	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	51,788	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	52,001	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	52,155	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	54,189	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	62,473	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	64,032	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	67,999	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO PURCHASE RAMADAN FOOD PARCELS	72,416	CHECK	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	81,430	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	WINTERIZATION AND OTHER RELIEF	85,671	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION AND RECYCLING PROJECTS	91,645	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	105,323	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT STUDENTS WITH HEARING IMPAIRMENT	150,000	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	150,598	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND	348,222	CHECK	0		



**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 separately 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; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2016

**Part V Supplemental Information**

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## PART I, LINE 2:

ANERA VETS FUNDERS AND PROJECT PARTNERS WITH A SERIES OF INTERNAL CONTROLS. THESE ACTIONS INCLUDE A VARIETY OF ELECTRONIC ANTI-TERRORISM FILTERS, U.S. SANCTIONS POLICIES, INFORMAL LOCAL KNOWLEDGE BY STAFF OF BACKGROUNDS, ANY ISSUES THAT MAY BE RAISED BY USAID, AND THE ADVICE OF OTHERS IN THE NGO COMMUNITY. FIELD OFFICES ALSO QUALIFY PARTNERS BASED ON SKILL SETS AND PAST PERFORMANCE. PROGRESS REPORTS ARE THEN REQUIRED AND LOCAL STAFF CONDUCT SITE VISITS TO CONFIRM PROGRESS. INDEPENDENT AUDITS ARE OFTEN REQUIRED AS WELL AS UNIFORM GUIDANCE REPORTS FOR THE US GOVERNMENT.

## PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO HELP NEEDY FAMILIES IN GAZA ACHIEVE FOOD SECURITY BY FARMING THEIR OWN LAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT PALESTINIAN ACADEMIC SOCIETY FOR THE STUDY OF INTERNATIONAL AFFAIRS

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO PURCHASE COMPUTERS FOR SALESIAN TECHNICAL SCHOOL AND VOCATIONAL TRAINING CENTER

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, EDUCATION AND RECYCLING PROJECTS

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SYRIAN REFUGEE CRISIS, EDUCATION AND RECYCLING PROJECTS

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE

SYRIAN REFUGEE CRISIS, EDUCATION AND RECYCLING PROJECTS

REGION: MIDDLE EAST AND NORTH AFRICA

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SYRIAN REFUGEE CRISIS, EDUCATION AND RECYCLING PROJECTS

SCHEDULE F, PART IV, QUESTION 6

THE ORGANIZATION HAS SOME CHARITABLE ACTIVITY OVERSEAS WHICH REQUIRES

IT TO CHECK BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713,

HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND

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

HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN

FORM 5713.

AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED ABOVE, THE FORM 5713

IS PREPARED AND FILED SEPARATELY.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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)	RAMADAN EVENTS (event type)	2 (total number)		
Revenue	1	Gross receipts	407,662	94,486	30,588	532,736
	2	Less: Contributions	70,257			70,257
	3	Gross income (line 1 minus line 2)	337,405	94,486	30,588	462,479
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	43,717	10,512	833	55,062
	8	Entertainment				
	9	Other direct expenses	69,195	22,244	890	92,329
	10	Direct expense summary. Add lines 4 through 9 in column (d)				147,391
	11	Net income summary. Subtract line 10 from line 3, column (d)				315,088

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE COMPASS GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

1800 DIAGONAL ROAD, STE. 600, ALEXANDRIA, VA 22314





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	x	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	x	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? .....	x	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....		x
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? .....		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? .....		x
<b>b</b>	Any related organization? .....		x
	If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? .....		x
<b>b</b>	Any related organization? .....		x
	If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....		x
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....		x
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) 2016

**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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM D. CORCORAN PRESIDENT & CEO	(i)	232,414.	0.	19,980.	17,232.	292,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) DONNA L. DIANE CFO	(i)	164,864.	0.	1,050.	15,922.	196,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) ELLEN GIORDANO VICE PRESIDENT	(i)	164,072.	0.	356.	13,499.	192,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) PAUL BUTLER COUNTRY DIRECTOR, WB/GAZA	(i)	150,052.	0.	46,254.	8,559.	219,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(5) JAMAL AL-AREF DEPUTY COUNTRY DIRECTOR, WB/GAZA	(i)	94,760.	0.	304,824.	15,294.	418,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 1A:

PAUL BUTLER RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$36,730, EXPATRIATE HOUSING OVERSEAS.

PART I, LINE 4A:

JAMAL AL-AREF, DEPUTY COUNTRY DIRECTOR, WB/GAZA, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$304,824. THIS HAS BEEN REPORTED AS "OTHER REPORTABLE COMPENSATION" IN SCHEDULE J, PART II, COLUMN B(III).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		3,635,597	FMV
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....	X	38	41,537,757	FMV
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( .....				
26	Other ▶ ( .....				
27	Other ▶ ( .....				
28	Other ▶ ( .....				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

FORM 990, PART I, PART VI, AND PART VII - BOARD COUNT

A TOTAL OF THIRTY-NINE PERSONS SERVED ON THE BOARD OF DIRECTORS DURING

THE FISCAL YEAR. THOSE THIRTY-NINE ARE SHOWN IN PART VII OF FORM 990.

AS OF MAY 31, 2017 THERE WERE A TOTAL OF TWENTY-FIVE VOTING BOARD

MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A &

1B, AND PART I, LINES 3 & 4. DURING THE FISCAL YEAR, THERE WERE FOUR

PERSONS WHO RESIGNED DURING THE FISCAL YEAR. ALSO, THERE WERE TEN

PERSONS WHO ROTATED OFF THE BOARD AFTER SERVING TWO THREE YEAR TERMS

DURING THE FISCAL YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED)

IN GAZA CITY, WE UPGRADED AND EQUIPPED A REHABILITATION CENTER TO SERVE

CHILDREN WITH DISABILITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED)

TO TAKE CONTROL OF A BAD SITUATION AND GALVANIZE 8,074 FAMILIES TO

RECYCLE AND BEAUTIFY THEIR NEIGHBORHOODS. ANERA ALSO BUILT COMMUNITY

SPACES FOR PEOPLE TO COME TOGETHER, FROM FIVE SPORTS FACILITIES NEAR

REFUGEE CAMPS IN LEBANON TO A YOUTH CENTER SERVING 16,000 YOUTHS IN THE

JERICHO AREA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED)

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

AGAIN TO TEACH BASIC MATH AND LITERACY, THEREBY BUILDING THE  
FUNDAMENTALS FOR FURTHER LEARNING.

FORM 990, PART V, LINE 4B

OTHER COUNTRY REPRESENTS WEST BANK AND GAZA.

FORM 990, PART VI, SECTION B, LINE 11B:

THIS 990 IS PREPARED BY AN INDEPENDENT CPA FIRM WITH THE ASSISTANCE OF THE  
DIRECTOR OF ACCOUNTING AND CFO OF THE ORGANIZATION AND REVIEWED WITH THE  
AUDIT COMMITTEE, IT IS ALSO APPROVED BY THE PRESIDENT OF THE ORGANIZATION  
AND MADE AVAILABLE TO ALL MEMBERS OF ITS GOVERNING BODY AND THE GENERAL  
PUBLIC AT WWW.ANERA.ORG.

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

THE SALARY OF THE PRESIDENT IS DETERMINED BY THE BOARD OF DIRECTORS.

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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SALARIES FOR OFFICERS AND OTHER MEMBERS OF TOP MANAGEMENT ARE REVIEWED BY  
 THE BOARD AND APPROVED THROUGH AN ANNUAL BUDGETING PROCESS. COMPARABILITY  
 DATA IS DISCUSSED WITH THE BOARD AND FINAL DECISIONS OF THE BOARD ARE  
 DOCUMENTED.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT -14,389,