

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUN 1, 2019** and ending **MAY 31, 2020**

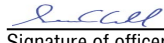

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN NEAR EAST REFUGEE AID Doing business as ANERA Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 14TH STREET, NW, STE 400 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 F Name and address of principal officer: SEAN CARROLL SAME AS C ABOVE	D Employer identification number 52-0882226 E Telephone number 202-266-9700 G Gross receipts \$ 100,416,638. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.ANERA.ORG		
K Form of organization: <input checked="" type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		31
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		28
	6 Total number of volunteers (estimate if necessary)	6		36
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 39	7b		0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		55,903,279.	100,143,972.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		259,724.	189,298.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-104,502.	-27,232.	
			56,058,501.	100,306,038.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,137,532.	89,762,771.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,317,546.	5,360,299.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	122,664.	0.	
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,107,077.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,334,924.	3,067,267.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,912,666.	98,190,337.	
19 Revenue less expenses. Subtract line 18 from line 12	3,145,835.	2,115,701.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	20,546,066.	22,978,354.	
	22 Net assets or fund balances. Subtract line 21 from line 20	6,074,538.	6,396,675.	
		14,471,528.	16,581,679.	

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  SEAN CARROLL, PRESIDENT AND CEO Type or print name and title	Date 09/07/2020			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature 	Date 09/08/2020	Check if self-employed <input type="checkbox"/>	PTIN P00369217
	Firm's name ▶ RSM US LLP Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	Firm's EIN ▶ 42-0714325 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

1 Briefly describe the organization's mission: ANERA ADDRESSES THE DEVELOPMENT AND HUMANITARIAN NEEDS OF PALESTINIANS AND OTHER COMMUNITIES IN THE MIDDLE EAST.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 83,709,078. including grants of \$ 82,233,097.) (Revenue \$) HEALTH & RELIEF: ANERA DISTRIBUTED 56 SHIPMENTS OF VITAL DONATED MEDICINES AND SUPPLIES, VALUED AT \$84.5 MILLION, THROUGHOUT LEBANON, PALESTINE AND JORDAN. WE DELIVERED, IN LEBANON AND GAZA, FOOD PARCELS TO 5,850 FAMILIES LIVING IN VULNERABLE COMMUNITIES. OUR CASH ASSISTANCE PROGRAM HELPED 2,500 HOUSEHOLDS IN LEBANON BUY BASIC SUPPLIES AND PAY RENT. RESPONDING TO COVID-19, GRADUATES OF OUR VOCATIONAL ED COURSES IN CARPENTRY, SEWING AND COOKING BEGAN RESPONDING IN THEIR COMMUNITIES. THEY SEWED/DISTRIBUTED 400,000 FACE MASKS AND 400 BODYSUITS; MADE 45,000 MEALS; EQUIPPED AND OPENED THREE ISOLATION CENTERS; AND BUILT 40 STERILIZATION GATES. WE DISTRIBUTED DONATED AND LOCALLY BOUGHT PERSONAL PROTECTIVE EQUIPMENT TO HOSPITALS, AND PROVIDED HYGIENE KITS TO 38,113 FAMILIES IN LEBANON AND PALESTINE.

4b (Code:) (Expenses \$ 3,904,993. including grants of \$ 2,557,715.) (Revenue \$) COMMUNITY: ANERA PROGRAMS IMPROVED LIVELIHOODS IN MANY WAYS: 797 YOUNG ENTREPRENEURS IN LEBANON RECEIVED KITS WITH TOOLS TO START BUSINESSES; 218 GAZA FARMERS IMPROVED THEIR CROP PRODUCTION THROUGH OUR GREENHOUSE CONSTRUCTION/RENOVATION ACTIVITIES; AND 109 WEST BANK WOMEN BUILT UP THEIR SMALL BUSINESSES TO BETTER SUPPORT THEMSELVES AND THEIR FAMILIES. IN LEBANON OUR CASH-FOR-WORK MODEL HELPED 2,637 YOUTH IN ANERA'S VOCATIONAL EDUCATION PROGRAMS TO EARN AN INCOME WHILE WORKING ON COMMUNITY IMPROVEMENT ACTIVITIES. FINALLY, 160,000 PALESTINIANS IN GAZA GAINED ACCESS TO CLEAN WATER THROUGH INSTALLATION OF WATER FILTRATION SYSTEMS AND A WELL REHABILITATION. AND, IN TEMNIN EL FOKA, LEBANON, WE OPENED A WASTE SORTING CENTER TO SEPARATE RECYCLABLE MATERIALS AND MITIGATE DUMPING AND TRASH BURNING.

4c (Code:) (Expenses \$ 6,571,548. including grants of \$ 4,971,959.) (Revenue \$) EDUCATION: FROM KINDERGARTEN TO VOCATIONAL SCHOOL, ANERA OPENED DOORS FOR PEOPLE TO ACCESS OPPORTUNITIES FOR LEARNING. IN LEBANON, ANERA BROUGHT INTO THE CLASSROOM 5,264 OUT-OF-SCHOOL YOUTHS FROM REFUGEE CAMPS AND SURROUNDING COMMUNITIES TO LEARN ARABIC, ENGLISH, MATH AND VALUABLE JOB SKILLS. IN THE WEST BANK AND GAZA, 715 PRESCHOOLERS AT FOUR SCHOOLS BEGAN THEIR EDUCATIONAL JOURNEY IN NEWLY BUILT OR RENOVATED FACILITIES. AND 65 PALESTINIAN SOFTWARE ENGINEERS GRADUATED FROM ANERA'S NEW TECH CAREER ACCELERATOR PROGRAM. THEY ARE READY TO START THEIR CODING CAREERS.

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

4e Total program service expenses 94,185,619.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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 donor-restricted endowments or in 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ▶ ISRAEL, LEBANON, OTHER COUNTRY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 1a 31 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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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 UNTIL 10/19	1.00	X		X				0.	0.	0.
(2) ROBERT ANTON MERTZ, PHD VICE-CHAIR UNTIL 10/2019	1.00	X		X				0.	0.	0.
(3) ROBERT H. TRICE, PHD DIRECTOR	1.00	X		X				0.	0.	0.
(4) SANAA ABOUZAIID SECRETARY	1.00	X		X				0.	0.	0.
(5) JIHAN ADONI DIRECTOR	1.00	X						0.	0.	0.
(6) AHMAD ASHKAR DIRECTOR	1.00	X						0.	0.	0.
(7) DR. GRACE BALIUNAS AUSTIN DIRECTOR	1.00	X						0.	0.	0.
(8) ZEINA AZZAM DIRECTOR	1.00	X						0.	0.	0.
(9) TERESA BARGER DIRECTOR	1.00	X						0.	0.	0.
(10) JUDY BARSALOU, PHD DIRECTOR	1.00	X						0.	0.	0.
(11) KENNETH H. CLOSE DIRECTOR	1.00	X						0.	0.	0.
(12) FARIS EID DIRECTOR	1.00	X						0.	0.	0.
(13) LEENA EL-ALI DIRECTOR	1.00	X						0.	0.	0.
(14) ILANA FELDMAN, PHD DIRECTOR UNTIL 10/2019	1.00	X						0.	0.	0.
(15) EDWARD "SKIP" GNEHM DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN GURLEY DIRECTOR	1.00	X						0.	0.	0.
(17) MATT HADDAD 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) LAWRENCE A. HAMDAN TREASURER FROM 10/2019	1.00	X		X				0.	0.	0.
(19) MICHAEL HUDSON, PHD DIRECTOR	1.00	X						0.	0.	0.
(20) HAIG KALBIAN DIRECTOR UNTIL 10/2019	1.00	X						0.	0.	0.
(21) STEPHEN KARAM DIRECTOR	1.00	X						0.	0.	0.
(22) PINEY KESTING DIRECTOR	1.00	X						0.	0.	0.
(23) RANIA KIBLAWI DIRECTOR	1.00	X						0.	0.	0.
(24) NABIL KHOURY, MD DIRECTOR	1.00	X						0.	0.	0.
(25) SAMAR LANGHORNE DIRECTOR	1.00	X						0.	0.	0.
(26) JEFFREY MANSOUR DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,713,522.	0.	238,392.
d Total (add lines 1b and 1c)								1,713,522.	0.	238,392.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BROTHERS COMPANY FOR CONTRACTING, AL-ADEL ST., ABED AL-HADI BLDG/3RD FL, NABLUS, SARI BROTHERS CONTRACTING & CONSTRUCTION LT PO BOX 54780, JERUSALEM, ISRAEL	CONSTRUCTION & CONTRACTING	1,057,894.
ARAB BROTHERS CONSTRUCTION & INFRASTRUCTURE ASIRA ALRAYAN BLDG 2ND FLOOR, HEBRON, SANJ RBK FOR TRAINING, KING HUSSEIN BUSINESS PARK BLDG 10 KING ABDULLA II, AMMAN, J	CONSTRUCTION & CONTRACTING	427,810.
ARABIA MECHANICAL CONTRACTING CO., PO BOX 1734 INDUSTRIAL ZONE, RAMALLAH, OTHER	CONSTRUCTION & CONTRACTING	340,369.
	IT TRAINING	283,480.
	CONSTRUCTION & CONTRACTING	268,052.

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 25

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) TAHIRAH MOUSA DIRECTOR	1.00	X						0.	0.	0.	
(28) KATHLEEN RIDOLFO DIRECTOR	1.00	X						0.	0.	0.	
(29) FRED ROGERS DIRECTOR	1.00	X						0.	0.	0.	
(30) JOSEPH SABA CHAIR FROM 10/2019	1.00	X		X				0.	0.	0.	
(31) MICHAEL G. SAHOURI DIRECTOR UNTIL 10/2019	1.00	X						0.	0.	0.	
(32) JAMES K. SAMS DIRECTOR	1.00	X						0.	0.	0.	
(33) PETER SCHOETTLE, PHD DIRECTOR UNTIL 10/2019	1.00	X						0.	0.	0.	
(34) MURAD M. SIAM DIRECTOR	1.00	X						0.	0.	0.	
(35) DAVID SPRAGUE, PHD DIRECTOR	1.00	X						0.	0.	0.	
(36) GRACE TOMPKINS VICE-CHAIR FROM 10/2019	1.00	X		X				0.	0.	0.	
(37) SEAN CARROLL PRESIDENT AND CEO	40.00			X				243,573.	0.	74,942.	
(38) DONNA L. DIANE CFO	40.00			X				175,741.	0.	32,696.	
(39) MARGARET F. SCHMITZ VICE PRESIDENT PHILANTHROPY	40.00			X				139,371.	0.	45,721.	
(40) ELIZABETH DEMAREST VICE PRESIDENT COMMUNICATIONS	40.00			X				122,355.	0.	27,048.	
(41) JOHN BYRNE COUNTRY DIRECTOR WB/GAZA	40.00					X		170,548.	0.	10,235.	
(42) MAZEN DABBAGH PROGRAM MANAGER - RBK/NBD	40.00					X		188,626.	0.	12,913.	
(43) JUBRAN SAID CHIEF OF PARTY - PCID PROGRAM	40.00					X		270,269.	0.	12,258.	
(44) RABAH ODEH DEPUTY CHIEF OF PARTY - PCID	40.00					X		192,765.	0.	8,825.	
(45) LANA NOUR EDDIN ADMINISTRATOR & HR ADVISOR	40.00					X		210,274.	0.	13,754.	
Total to Part VII, Section A, line 1c									1,713,522.		238,392.

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	428,762.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	171,198.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	99,544,012.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 84,820,650.				
	h Total. Add lines 1a-1f			100,143,972.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		190,676.			190,676.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		1,378.			
	c Gain or (loss)	7c		-1,378.			
d Net gain or (loss)			-1,378.		-1,378.		
8 a Gross income from fundraising events (not including \$ 428,762. of contributions reported on line 1c). See Part IV, line 18	8a		46,500.				
b Less: direct expenses	8b		109,222.				
c Net income or (loss) from fundraising events			-62,722.		-62,722.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	33,201.		33,201.	
	b CREDIT CARD REWARDS		900099	2,289.		2,289.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			35,490.			
12 Total revenue. See instructions			100,306,038.	0.	0.	162,066.	

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	89,762,771.	89,762,771.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	828,349.	423,774.	280,268.	124,307.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,993,754.	1,598,700.	971,804.	423,250.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,215.	23,989.	64,189.	33,037.
9 Other employee benefits	1,246,897.	710,961.	378,192.	157,744.
10 Payroll taxes	170,084.	41,154.	84,878.	44,052.
11 Fees for services (nonemployees):				
a Management				
b Legal	346,729.	52,161.	266,991.	27,577.
c Accounting	126,107.	14,294.	111,813.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,381.		1,381.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	330,552.	123,328.	99,012.	108,212.
12 Advertising and promotion	32,383.	3,418.	26,365.	2,600.
13 Office expenses	833,823.	554,542.	140,616.	138,665.
14 Information technology	48,428.	3,101.	43,713.	1,614.
15 Royalties				
16 Occupancy	520,084.	247,803.	272,281.	
17 Travel	339,744.	239,686.	61,620.	38,438.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	54,754.	26,296.	20,877.	7,581.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,872.	51,802.	31,070.	
23 Insurance	41,134.		41,134.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNICAL ASSISTANCE	306,067.	296,466.	9,601.	
b BAD DEBTS	7,598.	7,598.		
c OTHER EXPENSES	-4,389.	3,775.	-8,164.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	98,190,337.	94,185,619.	2,897,641.	1,107,077.
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	19.	1	55.
	2 Savings and temporary cash investments	16,028,524.	2	14,434,216.
	3 Pledges and grants receivable, net	733,354.	3	913,763.
	4 Accounts receivable, net	390,087.	4	1,395,366.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,984,763.	8	5,752,968.
	9 Prepaid expenses and deferred charges	217,523.	9	282,967.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 660,640.		
	b Less: accumulated depreciation	10b 518,860.		
		154,433.	10c	141,780.
	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	37,363.	15	57,239.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,546,066.	16	22,978,354.	
Liabilities	17 Accounts payable and accrued expenses	1,557,803.	17	1,521,697.
	18 Grants payable	4,479,372.	18	4,569,493.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	249,010.
	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	37,363.	25	56,475.
	26 Total liabilities. Add lines 17 through 25	6,074,538.	26	6,396,675.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,232,325.	27	14,100,186.
	28 Net assets with donor restrictions	2,239,203.	28	2,481,493.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,471,528.	32	16,581,679.
33 Total liabilities and net assets/fund balances	20,546,066.	33	22,978,354.	

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	100,306,038.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,190,337.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,115,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,471,528.
5	Net unrealized gains (losses) on investments	5	-1,405.
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 on Schedule O)	9	-4,145.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,581,679.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Table with 2 columns: Name of the organization (AMERICAN NEAR EAST REFUGEE AID) and Employer identification number (52-0882226)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,327,621.	67,167,402.	69,335,535.	55,918,729.	100,144,782.	349,894,069.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	57,327,621.	67,167,402.	69,335,535.	55,918,729.	100,144,782.	349,894,069.
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)						5,731,840.
6 Public support. Subtract line 5 from line 4.						344,162,229.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	57,327,621.	67,167,402.	69,335,535.	55,918,729.	100,144,782.	349,894,069.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,263.	19,489.	109,677.	258,487.	190,676.	580,592.
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.)	109,925.	137,849.	24,285.	10,936.	35,490.	318,485.
11 Total support. Add lines 7 through 10						350,793,146.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.11 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.42 %

16a 33 1/3% support test - 2019. 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

b 33 1/3% support test - 2018. 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

17a 10% -facts-and-circumstances test - 2019. 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

b 10% -facts-and-circumstances test - 2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	Distributable Amount. 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) 2019

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 Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 109,925.

2016 AMOUNT: \$ 137,849.

2017 AMOUNT: \$ 24,285.

2018 AMOUNT: \$ 10,936.

2019 AMOUNT: \$ 35,490.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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).

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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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/>	\$ 32,735,810.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,850,210.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,114,963.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,883,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 33,732,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,230,554.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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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 <hr/> <hr/> <hr/>	\$ 32,735,810.	05/31/20
2	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 9,850,210.	05/31/20
3	MEDICINE <hr/> <hr/> <hr/>	\$ 3,114,963.	05/31/20
5	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 33,732,032.	05/31/20
6	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 2,230,554.	05/31/20
	<hr/> <hr/> <hr/>	\$	

Name of organization AMERICAN NEAR EAST REFUGEE AID	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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

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

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

Table with 3 columns: Question, (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 fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,319,196.	3,212,154.	3,029,132.	2,772,510.	2,663,297.
b Contributions	234,609.	388,033.	183,022.	256,622.	109,213.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	99,609.	280,991.			
f Administrative expenses					
g End of year balance	3,454,196.	3,319,196.	3,212,154.	3,029,132.	2,772,510.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.88 %
 - b Permanent endowment 3.12 %
 - c Term endowment .00 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		243,243.	222,844.	20,399.
e Other		417,397.	296,016.	121,381.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				141,780.

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)		
Total. (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)		
Total. (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)	
Total. (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	56,475.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	56,475.

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements	1	100,408,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,405.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-4,145.
e	Add lines 2a through 2d	2e	-5,550.
3	Subtract line 2e from line 1	3	100,413,879.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,381.
b	Other (Describe in Part XIII.)	4b	-109,222.
c	Add lines 4a and 4b	4c	-107,841.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	100,306,038.

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.

1	Total expenses and losses per audited financial statements	1	98,298,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	109,222.
e	Add lines 2a through 2d	2e	109,222.
3	Subtract line 2e from line 1	3	98,188,956.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,381.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,381.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	98,190,337.

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, 2020, BOARD DESIGNATED NET

ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE

\$3,350,493. 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 05/31/2020 WERE IN THE AMOUNT OF \$103,703.

PART X, LINE 2:

INCOME TAXES: ANERA IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME

TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. HOWEVER, ANERA IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS

Part XIII Supplemental Information *(continued)*

INCOME AS DEFINED BY THE INTERNAL REVENUE SERVICE (IRS). DURING THE YEARS

ENDED MAY 31, 2020 AND 2019, ANERA PAID \$5,644 AND \$6,264 IN UNRELATED

BUSINESS INCOME TAXES, RESPECTIVELY. DURING THE FISCAL YEAR 2020 THE IRS

REPEALED THE RELATED TAX ON TRANSPORTATION BENEFITS. ANERA HAS RECOGNIZED

A REIMBURSEMENT OF THE EXPENSE AND RECORDED A RECEIVABLE FOR \$9,907 AS OF

MAY 31, 2020. NO ADDITIONAL PROVISION FOR INCOME TAXES WAS REQUIRED IN

THE ACCOMPANYING FINANCIAL STATEMENTS.

ANERA FOLLOWS THE STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

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

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

BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

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

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

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

SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

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

INCOME TAXES AND ACCOUNTING IN INTERIM 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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT

-4,145.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -109,222.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 109,222.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	11	96	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES AND BENEFITS, PROFESSIONAL FEES, TELEPHONE, ETC.	3,747,174.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	306,067.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		89,693,771.
MIDDLE EAST AND NORTH AFRICA	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	16,073.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	631.
MIDDLE EAST AND NORTH AFRICA	0	0	ADMINISTRATION, COMMUNICATIONS AND FINANCE	TRAVEL EXPENSES	3,139.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	ADMINISTRATION, COMMUNICATIONS AND FINANCE	TRAVEL EXPENSES	5.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	3,655.
3 a Subtotal	11	96			93,770,515.
b Total from continuation sheets to Part I	0	0			6,349.
c Totals (add lines 3a and 3b)	11	96			93,776,864.

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	40.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	TRAVEL EXPENSES	6,148.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	TRAVEL EXPENSES	161.
Totals					6,349.

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	IT BOOTCAMPS	395,480.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	25,329.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	51,170.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	24,728.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	9,966.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	6,152.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL REHABILITATION	14,949.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	22,945.	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 **67**

3 Enter total number of other organizations or entities **110**

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	WASTE REUSE PROJECT	293,951.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	9,751.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WASTE REUSE PROJECT	5,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	5,466.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	24,850.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WASTE REUSE PROJECT	58,224.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WASTE REUSE PROJECT	39,200.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	9,445.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GREENHOUSES	17,136.	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	EMERGENCY SUPPLIES	155,999.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT BIRZEIT UNIVERSITY	48,020.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	59,692.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	390,930.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT BURJ AL-LUQ LUQ SOCIAL CENTER	28,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PARCELS	166,269.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	22,431.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COVID 19 EMERGENCY RESPONSE	37,979.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	38,606.	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	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	20,637.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL REHABILITATION	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT EDWARD SAID NATIONAL CONSERVATORY OF MUSIC	15,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT GIVE PALESTINE ASSOCIATION	23,750.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GREENHOUSES	96,102.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOME GARDENS PROJECTS	84,947.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	82,480.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	23,520.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	49,490.	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	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	78,463.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	43,809.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	6,460.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	111,464.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	6,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	5,850.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	24,436.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	72,409.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	34,213.	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	EMERGENCY SUPPLIES	48,317.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	117,565.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	132,379.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	18,424.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT AL-NAZAHA NONPROFIT DEVELOPMENT COMPANY	50,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	28,925.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	5,788.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	13,454.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOME GARDENS & GREENHOUSE PROJECTS	31,760.	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	WOMEN ECONOMIC & SOCIAL EMPOWERMENT PROJECT	15,416.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT RAWDAT AL-ZUHUR	66,820.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	5,340.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	139,071.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	25,593.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	24,916.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION	8,563.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	9,860.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COVID 19 EMERGENCY RESPONSE	36,883.	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	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	20,520.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPLIES	13,626.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND	6,304.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,331,161.		1,331,161.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,091,814.		2,091,814.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,888,909.		2,888,909.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,972,808.		1,972,808.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,608,813.		1,608,813.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	610,052.		610,052.	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	978,786.		978,786.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	569,127.		569,127.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	232,241.		232,241.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	643,404.		643,404.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	338,547.		338,547.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	3,330,859.		3,330,859.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	895,935.		895,935.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	3,206,848.		3,206,848.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	833,552.		833,552.	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	830,377.		830,377.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	436,651.		436,651.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	287,895.		287,895.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	354,234.		354,234.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,148,398.		6,148,398.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,016,461.		2,016,461.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	4,788,620.		4,788,620.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	719,582.		719,582.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	900,948.		900,948.	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	2,385,968.		2,385,968.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,271,605.		1,271,605.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,616,075.		2,616,075.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,699,003.		1,699,003.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	847,120.		847,120.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	113,206.		113,206.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	408,720.		408,720.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	14,475,281.		14,475,281.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	3,384,383.		3,384,383.	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	6,687.		6,687.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,296,124.		2,296,124.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,162,036.		2,162,036.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	229,646.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	389,532.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	9,900.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	710,140.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	7,739.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	1,305,560.	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	SANITATION PROJECTS	107,395.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	216,300.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	26,040.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	353,924.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	117,458.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	180,063.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PLAYFIELD REHABILITATION PROJECT	38,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	140,400.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	170,106.	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	930,378.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	NURSING SCHOLARSHIP	9,311.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	79,960.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	196,817.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	350,656.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	33,078.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	55,389.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	145,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	335,425.	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	47,652.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	548,153.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	88,775.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	113,388.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	155,903.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	10,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOSPITAL EMERGENCY ROOM RENOVATION	5,400.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	144,467.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS & SANITATION	148,208.	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	5,044.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOSPITAL EMERGENCY ROOM RENOVATION	92,198.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS, SANITATION	392,481.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	12,004.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	230,741.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	10,720.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	19,706.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	16,380.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	8,449.	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	SANITATION PROJECTS	26,480.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	14,843.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOSPITAL EMERGENCY ROOM RENOVATION	7,933.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	62,524.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	9,091.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	27,720.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	13,142.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	34,404.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS & SANITATION	45,058.	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	PROVISION OF ESSENTIAL CHRONIC DISEASE MEDICATION	13,770.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF ESSENTIAL CHRONIC DISEASE MEDICATION	368,201.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF ESSENTIAL CHRONIC DISEASE MEDICATION	102,924.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	10,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIP PROGRAM	5,630.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	2,021,475.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF ESSENTIAL CHRONIC DISEASE MEDICATION	25,050.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS & SANITATION	9,725.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS & PROVISION OF ESSENTIAL CHRONIC DISEASE MEDICATION	30,809.	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	10,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	10,790.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	188,580.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	5,517.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	506,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CASH ASSISTANCE	198,478.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD ASSISTANCE	72,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CASH ASSISTANCE	43,502.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SANITATION PROJECTS	38,320.	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	83,297.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS & SANITATION	109,331.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SKILLS DEVELOPMENT FOR REFUGEES AFFECTED BY THE SYRIAN REFUGEE CRISIS	382,165.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	10,203,159.		10,203,159.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	25,300.		25,300.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,621,675.		1,621,675.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	206,655.		206,655.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; don't 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; don't file with Form 990)* Yes No

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.

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 AND SANCTIONS FILTERS INCLUDING THOSE RELATED TO THE DEPARTMENT OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL AND THE U.S. GOVERNMENT SYSTEM FOR AWARD MANAGEMENT. 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: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

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: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMPOWERING WOMEN HEADS OF HOUSEHOLD TO INCREASE

THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES

REGION: MIDDLE EAST AND NORTH AFRICA

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

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.

SYRIAN REFUGEE CRISIS & SANITATION PROJECTS

REGION: MIDDLE EAST AND NORTH AFRICA

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

SYRIAN REFUGEE CRISIS, SANITATION PROJECTS, CASH ASSISTANCE

REGION: MIDDLE EAST AND NORTH AFRICA

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

SYRIAN REFUGEE CRISIS & SANITATION PROJECTS

REGION: MIDDLE EAST AND NORTH AFRICA

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

SYRIAN REFUGEE CRISIS & SANITATION PROJECTS

REGION: MIDDLE EAST AND NORTH AFRICA

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

SYRIAN REFUGEE CRISIS & SANITATION 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 FROM

CHARITABLE ACTIVITIES IN OVERSEAS. HOWEVER, THE ORGANIZATION WILL HAVE

TO FILE FORM 990-T RELATED TO THE REPEAL OF THE TAXABLE TRANSPORTATION

BENEFITS FOR FISCAL YEAR ENDING 05/31/2020 TO REQUEST A REFUND OF TAX

PREVIOUSLY PAID. IN ADDITION, THE ORGANIZATION HAS NOT ENTERED INTO

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.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I

Fundraising Activities.

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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)	IFTAR (event type)	1 (total number)	
Revenue	1 Gross receipts	424,170.	25,572.	25,520.	475,262.
	2 Less: Contributions	377,670.	25,572.	25,520.	428,762.
	3 Gross income (line 1 minus line 2)	46,500.			46,500.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	0.			
	6 Rent/facility costs	1,235.			1,235.
	7 Food and beverages	70,325.			70,325.
	8 Entertainment	1,750.			1,750.
	9 Other direct expenses	35,228.	342.	342.	35,912.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				109,222.
11 Net income summary. Subtract line 10 from line 3, column (d)				-62,722.	

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))
Revenue	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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
 AMERICAN NEAR EAST REFUGEE AID

Employer identification number
 52-0882226

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

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

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

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

Schedule J (Form 990) 2019

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) SEAN CARROLL PRESIDENT AND CEO	(i)	242,912.	0.	661.	41,044.	33,898.	318,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA L. DIANE CFO	(i)	175,296.	0.	445.	16,133.	16,563.	208,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET F. SCHMITZ VICE PRESIDENT PHILANTHROPY	(i)	139,026.	0.	345.	16,656.	29,065.	185,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN BYRNE COUNTRY DIRECTOR WB/GAZA	(i)	170,236.	0.	312.	4,099.	6,136.	180,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAZEN DABBAGH PROGRAM MANAGER - RBK/NBD	(i)	41,432.	0.	147,194.	1,638.	11,275.	201,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUBRAN SAID CHIEF OF PARTY - PCID PROGRAM	(i)	61,419.	0.	208,850.	1,248.	11,010.	282,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RABAH ODEH DEPUTY CHIEF OF PARTY - PCID	(i)	44,903.	0.	147,862.	1,040.	7,785.	201,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LANA NOUR EDDIN ADMINISTRATOR & HR ADVISOR	(i)	57,992.	0.	152,282.	2,020.	11,734.	224,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

JOHN BYRNE RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$34,504, EXPATRIATE HOUSING OVERSEAS.

PART I, LINE 4A:

MAZEN DABBAGH, JUBRAN SAID, RABAH ODEH AND LANA NOUR EDDIN RECEIVED SEVERANCE PAYMENTS DURING THE CALENDAR YEAR. THE PAYMENT IS INCLUDED IN PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN BIII. THE LAW OPERATIVE IN JERUSALEM, AND THE WEST BANK DICTATES THAT UPON RETIREMENT, AN EMPLOYEE SHALL RECEIVE A DEFINED END-OF-SERVICE INDEMNITY BENEFIT. THE BENEFIT IS CALCULATED BASED ON ONE MONTH OF THE EMPLOYEE'S SALARY RATE AS OF THE END-OF-SERVICE AND MULTIPLIED BY THE NUMBER OF YEARS OF SERVICE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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		661,731.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X		1,221,611.	DONOR LETTERS
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	44	82,937,308.	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** 0

- 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? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

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.

SALARIES FOR OFFICERS AND OTHER MEMBERS OF TOP MANAGEMENT ARE REVIEWED BY

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

Schedule O (Form 990 or 990-EZ) (2019)

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

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, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NC, NJ, NH, NM, NY, OK, OR, PA, RI, SC, TN

UT, VA, WI, 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 I, PART VI, AND PART VII - BOARD COUNT

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

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

OF MAY 31, 2020 THERE WERE A TOTAL OF THIRTY ONE VOTING BOARD MEMBERS

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

PART I, LINES 3 & 4.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT -4,145.