** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2020 calendar year, or tax year beginning JUN 1, 2020 and end	nding MZ	AY 31, 2021		
	Check if applicat	C Name of organization D Employer identification number				
	Addr	AMERICAN NEAR EAST REFUGEE AID				
	Name	Doing business as ANERA		52-0882226		
	Initia	Number and street (or P.O. box if mail is not delivered to street address) R	loom/suite	E Telephone number		
	Final		00	202-266-9700		
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	113,926,176.	
Ļ	Amer returr Appli	WASHINGTON, DC 20005		H(a) Is this a group re		
	tion pend	F Name and address of principal officer: SEAN CARROLL		for subordinates		
_		SAME AS C ABOVE		H(b) Are all subordinates in		
		tempt status: $X = 501(c)(3) = 501(c) () \blacktriangleleft$ (insert no.) $4947(a)(1)$ or	527		list. See instructions	
		te: ► WWW.ANERA.ORG f organization: X Corporation Trust Association Other ►		H(c) Group exemption of formation: 1968		
	art I	Summary	L Year o		State of legal domicile: DC	
•	1	Briefly describe the organization's mission or most significant activities:	DEVELOP	MENT/HUMANITARIAN	1	
e		NEEDS OF PALESTINIANS AND OTHER COMMUNITIES IN THE MIDDLE EAS!			•	
Governance	2	Check this box if the organization discontinued its operations or disposed		than 25% of its net ass	ets	
ver	3			3	33	
ß	4	Number of independent voting members of the governing body (Part VI, line 1b)			33	
8 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				
/itie	6	Total number of volunteers (estimate if necessary)	6	37		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			Ο.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		100,143,972.	112,358,499.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		189,298.	152,889.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,232.	-37,968.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,306,038.	112,473,420.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		89,762,771.	97,297,541.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		5,360,299.	5,895,929.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,300,299.	<u> </u>	
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		••	0.	
Exc	17	Total fundraising expenses (Part IX, column (D), line 25) I, 044, 46 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Intervention 		3,067,267.	3,954,240.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		98,190,337.	107,147,710.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,115,701.	5,325,710.	
or	<u>1</u>			ginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)		22,978,354.	29,367,034.	
Ass	21	Total liabilities (Part X, line 26)		6,396,675.	7,170,332.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		16,581,679.	22,196,702.	
P	art II					

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 of 2021

				5/50/2021				
Sign		Signature of officer		Date				
Here		SEAN CARROLL, PRESIDENT AND CEO						
		Type or print name and title						
	Prir	nt/Type preparer's name	Preparer's signature, Date	Check PTIN				
Paid	WIL	LIAM E TURCO, CPA	Whi / Ma 09/21/2	1 self-employed P00369217				
Preparer	Firn	n's name 🕒 RSM US LLP		Firm's EIN 🕨 42-0714325				
Use Only	Firn	n's address 🕨 9801 WASHINGTONIAN BLVD	, STE 500					
		GAITHERSBURG, MD 20878		Phone no.301-296-3600				
May the If	RS d	iscuss this return with the preparer shown abc	ove? See instructions	X Yes No				
032001 12-2	EVALUATE THE Second Sec							

Form 380 (2020) Adda 1006 MMAR Abot Not-Complishments 5.4 UM82220 Page Z Check If Schedule C contains a response or note to any line in this Part III	Form	990 (2020) AMERICAN NEAR EAST REFUGEE AID 52-0882226 Page 2
Check if Schedulo Contains areagonas or note to any line in this Part III 1 Bundy decore the organization simploin ANERA ADDRESSES THE DEVELOPMENT AND HUMANITARIAN NEEDS OF PALESTINIANS ANERA ADDRESSES OF BREASTINE AND SCHEDULE CONTRACT ADDRESSES ADDRESSES OF PALESTINIANS IN The ADDRESSES OF PALESTINIANS OF ADDRESSES ADDRESSES OF PALESTINIANS OF ADDRESSES ADDRESSES OF PALESTINIANS OF ADDRESSES OF PALESTINIANS OF ADDRESSES ADDRESSES ADDRESSES OF ADDRESSES OF ADDRESSES AD		
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AND OTHER COMMUNITIES IN THE MIDDLE EAST. 2 Did the organization case conductions of specific and program services during the year which were not letted on the proform 980 or 990 E27 IV Statistical cases conducting, or make significant changes in how it conducts, any program services? IV Statistical cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organization case completionments for each of its three targest program service accompletionments for each of its three targest program services, as measured by expenses. Section 501(c)(4) and 501(c)(4) organization case completions. Net of the account of grants and allocations to others, the total expenses, and treesoup. If any, for each program service second second platements of the foreign at the second second platements of the foreign at the second second platements of the foreign at the second second second platements of the foreign at the second second platements of the foreign at the second se	•	
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prior Form 990 or 990 cr 990 cr 990 cr 27 Image: Second Sec	2	Did the organization undertake any significant program services during the year which were not listed on the
 H "Yes," describe these new services on Schedula O. Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
 If "Ves," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(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: ported. 4 (code:) (Expenses: 9, 056, 653, including grants of 87, 846, 215.) (theretus) (theretus) 1000 program service: ported. 510.5 (et a) To LERANON, PALESTINE AND JORDAN, PROUCED AND DISTRIBUTED 1 MILLION FACEMARKS, 5, 000 EBUGABLE SANTARY FADDS, 55, 455 MBALS, 16, 432 POOD FARCELS, AND 5, 566 FACKS OF CANNED VEGETABLES IN LEBANON'S CAMPS. PROVIDED 40, 000 FROFLE IN LEBANON WITH HYGIENE AND SANTARY PROUCED TO MININTIZE THE RISK OF COVID-19 AMONG 73, 652 FALESTINIANS IN LEBANON'S CAMPS. PROVIDED 40, 000 FROFLE IN LEBANON WITH HYGIENE AND SANTARY PRODUCTS TO MININTIZE THE RISK OF COVID-19. MARKENESS CLASSES ANOUT WATERBORKE ILLBESSES, HYDIENE, MID BARYENTING THE SPERAD OF COVID-19. ANALEST FOR CALLS. PROVIDED 2, 700 RAMADAN FOOD VOUCHERS THROUGHOUT GAZA AND MADE HOT MEALS POR 4, 000 GAZANS DISPLACED BY THE MAY BOMBING. MADE 40, 225 HOT MEALS POR 4, 000 GAZANS DISPLACED IN THE KERS THANGUMENT 32 SOFTWARE ENDINEERS FROM OUR PLUS CODING PROGRAM IN GAZA, CAULUED 32 SOFTWARE ENDINEERS FROM OUR PLUS CODING PROGRAM IN GAZA, ADELIVERED 27, 131 LUNCHS TO CHILDEN AN EMBERSTOOL NOT. 40 (code:) (Expenses 1, 9, 159, 690. Incudeng senter'S ENHOVENENT'S IN AN APTER-SCHOL, NON-TOMARLE EURCINEN'S ENHOWENENT'S IN AN APTER-SCHOL, NON-TOMARLE EURCINENCE AND AUXEN'S ENHOWENENT'S IN AN APTER-SCHOL, NON-TOMARLE EURCINENCIAL PROFENSIS'S AND HERE 3, 510 OUTD FRAST AND HARE		
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PROVIDED 2,700 RAMADAN FOOD VOUCHERS THROUGHOUT GAZA AND MADE HOT MEALS FOR 4,000 GAZANS DISPLACED BY THE MAY BOMBING, MADE 40,225 HOT MEALS FOR GAZA FAMILIES IN ISOLATION DUE TO COVID. 40 (Code:		ABOUT WATERBORNE ILLNESSES, HYGIENE, AND PREVENTING THE SPREAD OF
FOR 4,000 GAZANS DISPLACED BY THE MAY BOMBING. MADE 40,225 HOT MEALS FOR GAZA FAMILIES IN ISOLATION DUE TO COVID. 4b (code:		COVID-19. ALSO DISTRIBUTED 1,253 HYGIENE KITS TO CLASS ATTENDEES.
FOR GAZA FAMILIES IN ISOLATION DUE TO COVID. 40 (Code:) (Expenses 8, 158,690. including grants of 5,434,635.) (Revenue 8) EDUCATION: BUILT 3 NEW PRESCHOOLS IN THE WEST BANK. GRADUARED 32 50FTWARE ENGINEERS FROM OUR FLUS COLING PROGRAM IN GAZA. DELIVERED 27,313 LUNCHES TO CHILDREN AT 15 GAZA PRESCHOOLS. FARMERS FROM OUR AGRICULTURE PROGRAM AND WOMEN FROM OUR WOMEN'S EMPOMEENMENT PROGRAM GREW AND COOKED THE FOOD. IN JORDAN, ENROLLED 125 YOUNG STUDENTS IN AN APTER-SCHOOL, NON-FORMAL EDUCATIONAL PROGRAM THAT EMPLOYS GENTLY USED LAPTOPS LOADED WITH HIGH-QUALITY LEARNING MATERIALS TO ADDRESS GAPS IN THEIR EDUCATION. IN LEBANON, 2,316 OUT-OF-SCHOOL YOUTH PARTICIPATED IN ANERA'S CLASSES TO BUILD KNOWLEDGE IN LANGUAGE, MATH, FINANCIAL LITERACY, IT, AND LIFE SKILLS. ANOTHER 2,510 YOUTH PARTICIPATED IN OUR VOCATIONAL COURSES IN LEBANON, WITH 1,357 OF THEM PUTTING THEIR SKILLS TO WORK, EARNING AN INCOME WHILE HELPING THEIR COMMUNITIES. 4,016,691.) (Revenue 8) (COMMUNITY: WITH HELP FROM STUDENTS IN ANERA'S CONSTRUCTION CLASSES, REFAIRED 1,198 HOMES AND BUSINESSES DAMAGED IN THE 2020 BEIRUT EXPLOSION. WORKED WITH 14 MUNICIPALITIES IN BEKAA, LEBANON TO MOBILIZE 294,165 RESIDENTS TO SORT THEIR RECYCLING AND COMPOST WASTE AT HOME. IN THE WEST BANK, ENABLED 113 WOMEN-HEADED FAMILIES TO BUILD UP THEIR BUSINESSES. IN GAZA, HELPED 495 FARMERS WITH GREENHOUSE CONSTRUCTION AND CONTAMINENTING AND TRAINING. UPGRADED OLD WATER NETHORKES IN GAZA AND		PROVIDED 2,700 RAMADAN FOOD VOUCHERS THROUGHOUT GAZA AND MADE HOT MEALS
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(Expenses \$ including grants of \$) (Revenue \$)	40	
4e Total program service expenses ► 103,145,489.	40	

Form 990 (AMERICAN		
Partiv	Checki	ist of	Required S	ichedi	lles

AMERICAN NEAR EAST REFUGEE AID

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Page 3

1	· ·			
	In the examination deperihed in section $501(a)(2)$ or $4047(a)(1)$ (other than a private foundation)?		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
5		3		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	–		
Ū	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	<u>12a</u>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Δ
14a ⊾	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>	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? If "Yes," complete Schedule F, Parts I and IV	14b	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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15.000 of expenses for professional fundraising services on Part IX.			
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</i> "Yes." <i>complete Schedule G. Part I</i>	17		х
17 18	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</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>17</u> 18	x	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X	X
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		x	x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	18	x	
18 19 20a	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	<u>18</u> 19	x	X
18 19 20a	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	18 19 20a	x	X

Form 990 (2020)

Form 990 (AMERICAN			
Part IV	Checklist	of Required Se	chedi	_{ال} ales	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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00		38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Oxford the Oxford th			1
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			_
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2020) AMERICAN NEAR EAST REFUGEE AID 52-088222	6	Р	age 5
Par	t 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?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
	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)?	4a	х	
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?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		0.0.0	
		-	000	10000

Form **990** (2020)

	990 (2020) AMERICAN NEAR EAST REFUGEE AID 52-088222		Pa	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No" re	spons	е
	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			X
<u>Sec</u>	tion 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 33			
	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 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	financ	ial	
	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, NO. 400, WASHINGTON, DC 20005			

Form 990		52-0882226	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		. X
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Compl	ato this table for all parsons required to be listed. Popert componentian for the calendar year opting with or	within the organization's	tax yoar

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		voldu	t con	_			and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEAN CARROLL	40.00				-					
PRESIDENT AND CEO				х				251,324.	0.	57,426.
(2) DONNA L. DIANE	40.00									
CFO				Х				181,755.	0.	32,346.
(3) JOHN BYRNE	40.00									
COUNTRY DIRECTOR WB/GAZA						x		177,745.	0.	17,283.
(4) MARGARET F. SCHMITZ	40.00									
VP, PHILANTHROPY UNTIL 3/2021				х				141,967.	0.	42,546.
(5) ELIZABETH DEMAREST	40.00									
VP, COMMUNICATIONS				Х				128,211.	0.	23,080.
(6) SAMAR EL YASSIR	40.00									
COUNTRY DIRECTOR						X		136,884.	0.	10,666.
(7) SAMANTHA MOLT	40.00									
DIRECTOR OF ACCOUNTING						X		113,808.	0.	32,125.
(8) DINA DUKHQAN	40.00									
NBD - SENIOR DIRECTOR UNTIL 4/21						X		130,472.	0.	13,316.
(9) JOSEPH SABA	1.00									
CHAIR		Х		X				0.	0.	0.
(10) GRACE TOMPKINS	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(11) SANAA ABOUZAID	1.00									
SECRETARY		Х		х				0.	0.	0.
(12) LAWRENCE A. HAMDAN	1.00									
TREASURER		Х		х				0.	0.	0.
(13) ROBERT ANTON MERTZ, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT H. TRICE, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JAMES ABDO	1.00									
DIRECTOR FROM 10/2020		Х						0.	0.	0.
(16) JIHAN ADONI	1.00									
DIRECTOR		Х						0.	0.	0.
(17) AHMAD ASHKAR	1.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2020) AMERICAN NEAF									52-08	8222	6	P	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		s (continued)	,			
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average		not c	heck r	more	than c		Reportable	Reportable			stimate	
	hours per week			ss per Id a di				compensation	compensatio		ar	nount	
	(list any	tor						_ from the	from related organizations		com	other Ipensa	
	hours for	direct				p		organization	(W-2/1099-MIS			rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	()	,		anizat	
	organizations	trust	al tru		yee	om pe						d relat	
	below	Individual trustee or director	Institutional trustee	Cer	ƙey employee	Highest compensated employee	ner				org	anizati	ons
	line)	Indi	Insti	Officer	Key	High emp	Former						
(18) DR. GRACE BALIUNAS AUSTIN	1.00												0
DIRECTOR (19) ZEINA AZZAM	1.00	X						0.		0.			0.
DIRECTOR	1.00	х						0.		٥.			0.
(20) TERESA BARGER	1.00									<u>.</u>			
DIRECTOR	1.00	x						0.		٥.			0.
(21) NADER BARAKAT	1.00												
DIRECTOR FROM 10/2020		x						0.		٥.			٥.
(22) JUDY BARSALOU, PHD	1.00												
DIRECTOR		x						0.		٥.			٥.
(23) KENNETH H. CLOSE	1.00												
DIRECTOR		х						0.		٥.			٥.
(24) FARIS EID	1.00												
DIRECTOR		х						0.		٥.			٥.
(25) LEENA EL-ALI	1.00												
DIRECTOR		х						0.		٥.			٥.
(26) EDWARD "SKIP" GNEHM	1.00												
DIRECTOR UNTIL 10/2020		Х						٥.		٥.			٥.
1b Subtotal								1,262,166.		٥.		228,	788.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,262,166.		0.		228,	788.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			•
compensation from the organization												Vaa	8 No
										1		Yes	NO
3 Did the organization list any former officer,	-			•	-						•		x
line 1a? If "Yes," complete Schedule J for su											3		
4 For any individual listed on line 1a, is the su			-						-			х	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a											4	Λ	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		x
Section B. Independent Contractors		3010	JISL		Jers	011 .				·····	<u> </u>		
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	bensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wit	hin	n the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business								Description of s	ervices	C	ompe	nsatio	n
ESPER DABOUL STORES FOR TRADING, MAIN	1												
ROAD, ESPER DAABOUL BUIDLING, NORTH							_	SUPPLY OF FOOD PAR	CELS			656,	324.
RACHIDI GROUP FOR TRADE & INDU												E 4 2	650
CHOUEIFAT, OUMARA STREET, BAABDA, LEF	SANON						_	SUPPLY OF FOOD PAR	CELS			543,	658.
MAROUN EDWARD HRAWI MAIN ROAD, METN, BEIT MERY, LEBANON								SUPPLY OF HYGIENE	MATTERTALS			427	810.
DIWAN MART SAL, DOWNTOWN, AL AZARIEH								Solidi of migrane				,	510.
BUILDING , BEIRUT, LEBANON								SUPPLY OF FOOD PAR	CELS			340	369.
PHARMALINE SAL							-	SUPPLY OF CHRONIC				,	
MALIA TOWER, ZONE NAHR L MOT, METN, I	EBANON							MEDICATIONS				253,	362.
2 Total number of independent contractors (ir	cluding but n	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				17	7							

SEE PART VII, SECTION A CONTINUATION SHEETS

	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, u		ingin	551	Compensated Employees (continued)					
(A)	(B)	1			C)			(D)	(E)	(F)			
Name and title	Average				ition			Reportable	Reportable	Estimated			
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	or .				loyee		the organization	organizations	compensation from the			
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(W-2/1099-MISC)	organization			
	related	ee or	stee			nsate		(** 2/1000 10100)		and related			
	organizations	truste	al tru:		yee	um per				organizations			
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	er			0			
	line)	Indiv	Instit	Officer	Key (High	Former						
27) JOHN GURLEY	1.00												
DIRECTOR UNTIL 10/2020		х						٥.	0.	0			
28) JEAN GLOCK	1.00												
DIRECTOR FROM 10/2020		Х						٥.	0.	0			
29) MATT HADDAD	1.00												
DIRECTOR		х						٥.	0.	0			
30) MICHAEL HUDSON, PHD	1.00												
DIRECTOR UNTIL 5/2021		Х						0.	0.	0			
31) STEPHEN KARAM	1.00												
DIRECTOR UNTIL 1/2021		Х						0.	0.	0			
32) PINEY KESTING	1.00												
DIRECTOR		Х						0.	0.	0			
33) RANIA KIBLAWI	1.00												
DIRECTOR		х						0.	0.	0			
34) ALFRED KHOURY, MD	1.00												
DIRECTOR FROM 10/2020		х						0.	0.	0			
35) NABIL KHOURY, MD	1.00												
DIRECTOR		Х						0.	0.	0			
36) SAMAR LANGHORNE	1.00												
DIRECTOR		Х						٥.	0.	0			
37) JEFFREY MANSOUR	1.00												
DIRECTOR		Х						0.	0.	0			
38) TAHIRAH MOUSA	1.00												
DIRECTOR		х						0.	0.	0			
39) KATHLEEN RIDOLFO	1.00												
DIRECTOR		х						0.	0.	0			
40) FRED ROGERS	1.00												
DIRECTOR		х						0.	0.	0			
41) KATHLEEN ROGERS	1.00												
DIRECTOR		х						0.	0.	0			
42) JAMES K. SAMS	1.00												
DIRECTOR		х						٥.	0.	0			
43) MURAD M. SIAM	1.00												
DIRECTOR		х						0.	0.	0			
44) DAVID SPRAGUE, PHD	1.00												
DIRECTOR		х						0.	0.	C			
45) KATHERINE WILKENS	1.00												
DIRECTOR FROM 10/2020		х						٥.	0.	٥			

	t V		Statement of Re	ven	ue						6 Pag
			Check if Schedule O	<u>conta</u>	ains a respoi	<u>ise</u>	or note to any line	e in this Part VIII	<u></u>	<u></u>	<u></u> [
								(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue exclu from tax und sections 512 -
(0	1.	2	Federated campaigns		1a						3000013 0 12
and Other Similar Amounts											
nor			Fundraising events				431,390.				
Ā			Related organizations								
lia			Government grants (contr				188,579.				
Sin			All other contributions, gifts,		· · ·						
Jer			similar amounts not included				111,738,530.				
Ð			Noncash contributions included in				91,360,710.				
bug	1	-	Total. Add lines 1a-1f					112,358,499.			
							Business Code	, , , .			
	2 8	а									
		b									
onu		c									
eve		d									
Revenue		e				_					
	1	f	All other program service	reve	nue	_					
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)				►	99,317.			99,3
	4										
	5					►					
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
	I	b	Less: rental expenses \dots	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	i) <u></u>			🕨				
	7 :	а	Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	1,458,4	46.	1,311.				
	I		Less: cost or other basis								
enne			and sales expenses	7b	1,405,0						
ŝve			Gain or (loss)	7c	53,3						
ř			Net gain or (loss)			·····	▶	53,572.			53,5
Uther Hev	8 8		Gross income from fundraisi								
ו			including \$								
			contributions reported on		-	0-	ο.				
		h	Part IV, line 18			8a 8b					
			Net income or (loss) from				10,0,11	-46,571.			-46,5
			Gross income from gamir		-	[] []					10,5
			Part IV, line 19	-		9a					
	ı		Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory,	-	-						
			and allowances			10a					
	I		Less: cost of goods sold			10					
			Net income or (loss) from				>				
T							Business Code				
	11 :	а	OTHER INCOME				900099	5,156.			5,1
Revenue			CREDIT CARD REWARDS	5		_	900099	3,447.			3,4
eve	(с				_					
ñ			All other revenue								
			Total. Add lines 11a-11d					8,603.			
			Total revenue. See instruction					112,473,420.	0.	0.	114,9

Check here

TECHNICAL ASSISTANCE

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

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

OTHER EXPENSES

All other expenses

а

b С d

е

25

26

	990 (2020) AMERICAN NEAR EAS			52-08
	t IX Statement of Functional Expense			
Secti	on 501(c)(3) and 501(c)(4) organizations must compl		-	nplete column (A).
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general 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	97,297,541.	97,297,541.	
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	851,227.	445,503.	294,224.
6	Compensation not included above to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	3,291,971.	1,801,932.	1,092,064.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)	141,529.	26,973.	76,992.
9	Other employee benefits	1,436,846.	842,124.	437,218.
10	Payroll taxes	174,356.	36,811.	91,921.
11	Fees for services (nonemployees):			
а	Management			
	Legal	101,421.	60,622.	40,799.
	Accounting	119,548.	6,745.	112,803.
	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees	51,157.		51,157.
g	Other. (If line 11g amount exceeds 10% of line 25,			
	column (A) amount, list line 11g expenses on Sch 0.)	433,576.	131,216.	187,048.
12	Advertising and promotion	59,751.	766.	21,977.
13	Office expenses	887,643.	640,137.	119,686.
14	Information technology	65,554.	3,225.	62,329.
15	Royalties			
16	Occupancy	609,502.	359,973.	249,529.
17	Travel	233,378.	219,439.	10,801.
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials	60, 110	04.055	04 540
19	Conferences, conventions, and meetings	60,110.	24,377.	24,712.
20	Interest			
21	Payments to affiliates	62, 005	12.444	00.001
22	Depreciation, depletion, and amortization	63,225.	43,144.	20,081.
23	Insurance	45,149.		45,149.
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 0.)			
	TECUNTONI AGGIGTANCE	1 221 657	1 204 752	16 905

1,221,657

107,147,710

2,569

1,204,752.

103,145,489

209

52-0882226

16,905.

2,360

2,957,755

Page 10

111,500.

397,975.

37,564.

157,504.

45,624.

115,312.

37,008.

127,820.

3,138.

11,021.

(D) Fundraising expenses

Form 990 (2020)

1,044,466.

AMERICAN	NEAR	EAST	REFUGEE	AID	

		Check if Schedule O contains a response or not	e to any l	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			55.	1	
	2	Savings and temporary cash investments			14,434,216.	2	11,945,360
	3	Pledges and grants receivable, net			913,763.	3	287,756
	4	Accounts receivable, net			1,395,366.	4	515,783
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	tributor, or 35%			
		controlled entity or family member of any of thes	e person			5	
	6	Loans and other receivables from other disqualif	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,752,968.	8	10,092,903
Ř	9	_			282,967.	9	244,051
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	706,596.			
	b	Less: accumulated depreciation	10b	535,144.	141,780.	10c	171,452
	11	Investments - publicly traded securities				11	3,439,523
	12	Investments - other securities. See Part IV, line 1				12	304,936
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	57,239.	15	2,365,270		
	16	Total assets. Add lines 1 through 15 (must equa			22,978,354.	16	29,367,034
	17	Accounts payable and accrued expenses	1,521,697.	17	1,944,632		
	18	Grants payable		4,569,493.	18	2,691,225	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F			21		
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial cor	tributor, or 35%			
abil		controlled entity or family member of any of thes	e person			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	oarties	249,010.	23	
	24	Unsecured notes and loans payable to unrelated	l third pa	ies		24	
	25	Other liabilities (including federal income tax, page	yables to	elated third			
		parties, and other liabilities not included on lines	17-24). (omplete Part X			
		of Schedule D			56,475.	25	2,534,475
	26	Total liabilities. Add lines 17 through 25			6,396,675.	26	7,170,332
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			14,100,186.	27	18,649,451
Bal	28	Net assets with donor restrictions			2,481,493.	28	3,547,251
pd		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
۵.	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			16,581,679.	32	22,196,702
-	33	Total liabilities and net assets/fund balances			22,978,354.	33	29,367,034

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Form 990 (2020)
Part X Balance Sheet

Form	990 (2020) AMERICAN NEAR EAST REFUGEE AID	52-088222	6	Pa	_{ge} 12			
	rt XI Reconciliation of Net Assets				2			
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	112,	473,	420.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,	147,	710.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	581,	679.			
5	Net unrealized gains (losses) on investments	5		287,	595.			
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		1,	718.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	22,	196,	702.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	D.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	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?		2b	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2020)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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	
2020	

Open to Public

	Inspection
nlover	identification number

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Name o	t the organization		FUCEE ATD					
Part I		AN NEAR EAST RE		omplete th	nie nart) S	ee instruction		52-0882226
							3.	
1	anization is not a private found					1)/ A \/;\		
2	A church, convention of ch A school described in sect					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	A hospital or a cooperative					;;)		
4	A medical research organiz					•	(iiii) Enter	the hospital's name
- <u> </u>	city, and state:		ijanotori mara noopitai	acconsea				and noophal o name,
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a do	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0		5 ,		, ,			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	-	-					ne general r	public described in
	section 170(b)(1)(A)(vi). (C	•		5			5	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org			-	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	-			-		-	-
	university:						-	
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 📃	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
-	lines 12a through 12d that	• •					-	
a	Type I. A supporting orga	-		•	-			
	the supported organization			majority o	of the direc	ctors or truste	es of the su	ipporting
. г	organization. You must o	-						
b L	Type II. A supporting org	-				-		-
	control or management o			ame perso	ns that co	ntroi or mana	ge the supp	ported
a [organization(s). You mus			in connoct	ion with	and functional	lu intograto	d with
c L	Type III functionally inte its supported organization						ly integrate	u willi,
d	Type III non-functionally		-				ted organiz	zation(s)
uL	that is not functionally int						-	
	requirement (see instruct			•		-	anatona	
e	Check this box if the orga		-				II. Type III	
	functionally integrated, or					.)pe., .)pe	, . , pe	
f Er	iter the number of supported of		, , , , , , , , , , , , , , , , , , , ,					
g Pr	ovide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tatel								
Total			ustions for Form 000 or	000 57		Cabo		

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN NEAR EAST REFUGEE AID

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

(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.)

Sec	tion A. Public Support				-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	67,167,402.	69,335,535.	55,918,729.	100,144,782.	112,358,499.	404,924,947.	
2	Tax revenues levied for the organ-							
	ization'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	67,167,402.	69,335,535.	55,918,729.	100,144,782.	112,358,499.	404,924,947.	
	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)						3,924,519.	
6	Public support. Subtract line 5 from line 4.						401,000,428.	
	tion B. Total Support						, ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	67,167,402.	69,335,535.	55,918,729.		112,358,499.	404,924,947.	
	Gross income from interest,						,	
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	19,489.	109,677.	258,487.	190,676.	99,137.	677,466.	
٩	Net income from unrelated business							
5	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	137,849.	24,285.	10,936.	35,490.	8,603.	217,163.	
	assets (Explain in Part VI.)	137,045.	24,203.	10,550.	33,430.	0,003.	405,819,576.	
	Total support. Add lines 7 through 10		(m. c.)			10	405,015,570.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th							
13	-	•				()()		
Sec	organization, check this box and stor ction C. Computation of Publi							
	Public support percentage for 2020 (li			olumn (f))		14	98.81 %	
	Public support percentage from 2019					15	98.11 %	
15	33 1/3% support test - 2020. If the c					· · · · ·	/0	
104	stop here. The organization qualifies							
h	· · ·		-			or more check th	······································	
N.	33 1/3% support test - 2019. If the c and stop here. The organization qual	-						
170						and line 14 is 10%		
178	10% -facts-and-circumstances test	-						
	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	-					IU% Or	
	more, and if the organization meets th							
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b		nd see instructions		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN NEAR EAST REFUGEE AID 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.)

<u>Sec</u>	Stion A. Public Support		-	-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
~	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(0) 2010	(6) 2017	(0) 2010		(0) 2020	
	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	l					
	acquired after June 30, 1975	l					
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_							····· •
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►
~	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

1

2

No

No

Yes No

		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 lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, 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? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, 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	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

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)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- **a** The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a gov	ernmental entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	---------------------	----------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Check here if the organization satisfied the Integral Part Test as a qualifying			
	trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must	complete \$	Sections A through E.	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
1 Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally	/ integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN NEAR EAST REFUGEE AID

Schedule A (Form 990 or 990-EZ) 2020	AMERICAN	NEAR	EAST	REFUGEE	AID

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
Ū	(provide details in Part VI). See instructions.	le organization le respensive		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistribution Pre-2020	IS	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j				
7					
	and 4c. Breakdown of line 7:				
8					
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
e					

Schedule A (Form 990 or 990-EZ) 2020

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. Part VI (See instructions.)

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

OTHER EXCLUDED INCOME
2016 AMOUNT: \$ 137,849.
2017 AMOUNT: \$ 24,285.
2018 AMOUNT: \$ 10,936.
2019 AMOUNT: \$ 35,490.
2020 AMOUNT: \$ 8,603.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

52	- 0	8	8	2	2	2	6

AMERICAN	NEAR	EAST	REFUGEE	AID	
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Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

52-0882226

AMERICAN NEAR EAST REFUGEE AID

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 22,303,536. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 50,284,469. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 4,647,726. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 4,589,848. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 2,721,729. Noncash Х \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 X Person Payroll 3,105,139. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

52-0882226

AMERICAN NEAR EAST REFUGEE AID

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		
		\$ 22,303,536.	05/31/21
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MEDICINE & SUPPLIES		
		\$\$	05/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	MEDICINE & SUPPLIES		
		\$\$	05/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	LAPTOPS & SOFTWARE		
		\$\$	05/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page **4**

Name of or	rganization		Employer identification number
AMERICAN	NEAR EAST REFUGEE AID		52-0882226
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year http:. For organizations r less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 _		(e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gir nd ZIP + 4	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gir	ift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name	of the organization			Employer identification number
Der	AMERICAN NEAR EAST REFUGEE			52-0882226
Par			or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	()) Euroda and other accounts
	-	(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	uniting that the apparts hold in depart of vio	ad fund	
5	Did the organization inform all donors and donor advisors in	0		
6	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o			
				ľ – –
Par				
	Purpose(s) of conservation easements held by the organizati		i arciv, i	
•	Preservation of land for public use (for example, recrea		f a histor	rically important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space		a cortin	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a con	servation easement on the last
-	day of the tax year.		ן	Held at the End of the Tax Year
а	Total number of conservation easements		1	2a
b				2b
c	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel		organiz	
	year 🕨	, <u> </u>	5	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ements during the year
	\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	stateme	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that	t describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Par			her Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put			ce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance	ot public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
-				► \$
2	If the organization received or held works of art, historical tre		i gain, p	rovide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
		<i>.</i>		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor form 990.		Schedule D (Form 990) 2020

Sche		AR EAST REFUGEE					52-088			age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or O	ther S	Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the t	following that ma	ake sigr	nificant u	use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е		0 1 0						
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization's	exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or									
•	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Parl		to in the organizatio		5 0111		, i aicii, i			
12	Is the organization an agent, trustee, custodia		any for contribution	s or other assets	not inc	had				
Ia	on Form 990, Part X?							Yes		No
Ь	If "Yes," explain the arrangement in Part XIII a						L	_ 165		
b		ind complete the follo	owing table.					A.m.o.un	+	
	De sienie a balance							Amoun	τ	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f		7.4		-
	Did the organization include an amount on Fo					?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds. Complete if									
1 4								() [
	_ · · · / · · · ·	(a) Current year	(b) Prior year	(c) Two years ba			vears back			
	Beginning of year balance	3,454,196.	3,319,196.				29,132.	Z		510.
	Contributions	544,693.	234,609.	388,0	33.	T	83,022.		250,	622.
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	162,023.	99,609.	280,9	91.					
f	Administrative expenses									
g	End of year balance	3,836,866.	3,454,196.	3,319,1	96.	3,2	12,154.	3	,029,	132.
2	Provide the estimated percentage of the curre		(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment	97.2970	_%							
	Permanent endowment 2.7030	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered	for the	organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Pa	art X, lin	ie 10.				
	Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) Acc	umulate	ed	(d) Boo	k valu	e
		basis (investm	ent) basis	(other)	depre	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			196,927.		186,	624.		10,	303.
	Other			509,669.		348,				149.
	. Add lines 1a through 1e. (Column (d) must ec		(column (P) line 1	, ,					,	452.
iota		iuai roitti 990, Part X	<u>, columni (d), line 1</u>	<i></i>				D (F	,	0000

Schedule D (Form 990) 2020

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)	DEFERRED COMPENSATION	103,309.
(2)	RIGHT OF USE ASSETS	2,261,961.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,365,270.
Part		
	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	102,545.
(3)	LEASE OBLIGATIONS	2,431,930.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... X

2,534,475.

Sche	edule D (Form 990) 2020 AMERICAN NEAR EAST REFUGEE AID		52-08822	26 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per Ret	turn.	
	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	112,753,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	287,595.		
b	Donated services and use of facilities 2b			
с				
d		-2,451.		
е	Add lines 2a through 2d		2e	285,144.
3	Subtract line 2e from line 1		3	112,468,834.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	51,157.		
b	Other (Describe in Part XIII.) 4b	-46,571.		
с	Add lines 4a and 4b		4c	4,586.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			112,473,420.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	107,143,124.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d		46,571.		
е	Add lines 2a through 2d		2e	46,571.
3	Subtract line 2e from line 1		3	107,096,553.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	51,157.		
b	Other (Describe in Part XIII.) 4b			
	Add lines 4a and 4b		4c	51,157.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	107,147,710.
Pa	rt 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, 2021, BOARD DESIGNATED NET

ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE

\$3,733,493. 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 05/31/2021 WERE IN THE AMOUNT OF \$103,703.

PART X, LINE 2:

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 INCOME AS DEFINED

Part XIII Supplemental Information (continued)

BY THE INTERNAL REVENUE SERVICE (IRS).

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

-2,451.

Schedule D (Form 990) 2020 AMERICAN NEAR EAST REFUGEE AID Part XIII Supplemental Information (continued)	Į	52-0882226	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -4	5,571.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 4	5,571.		

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants and other assistance. Image: State of the grants or assistance? Image: State of the grants or assistance outside the united States. 3 Activities per Region (b) Number of (c) for and the region of the region o		Form 990, Part IV	/, line 14b.							
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,								
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). (e) If activity listed in (d) is a periodic table of the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 4 (e) Region (b) Number of (c) Number of (c) Mumber of (c) (f) type) (such as, fundraling, pro-instruction are vices, investments, grants in the region of services (s) in the region of services (s) in the region in the region in the region in the region of services (s) in the region of services (s) in the region of services (s) in the region of services (s) in the region in the region in the region in the region of services (s) in the region in the region in the region in the region of services (s) in the region in the region in the region of services (s) in the region in the region in the region of services (s) in the region of the region of the region of services (s) in the region of the region										
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sheets to Part I 0 0 0. c Totals (add lines 3a 0 0 0	3 a	Subtotal	11	106			103,176,184.			
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c Totals (add lines 3a		sheets to Part I	0	0			0.			
	с									
and 3b)		and 3b)	11	106			103,176,184.			

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

Schedule F (Form 990) 2020

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.

Employer identification number

52-0882226

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	SCHOLARSHIP	14,785.	СНЕСК	٥.		
		MIDDLE EAST AND NORTH AFRICA	IT BOOTCAMPS	192,000.	CHECK	0.		
			SCHOOL CONSTRUCTION AND REHABILITATION	5,234.	СНЕСК	0.		
		MIDDLE EAST AND						
			FOOD VOUCHERS	28,395.	снеск	0.		
		MIDDLE EAST AND						
			FOOD VOUCHERS	22,790.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	13,673.	СНЕСК	0.		
			REVERSE OSMOSIS PROJECTS	68,163.	CHECK	0.		
		NOATH MINICA						
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIPS	14,681.	CHECK	0.		
			ecognized as charities by the or counsel has provided a sec					196

Schedule F (Form 990) 2020

Schedule F (Form 990)

AMERICAN NEAR EAST REFUGEE AID

52-0882226

Schedule	F (Form 990)	таныцтен	N NEAK EASI KEPUGE			52 000	8880		Pager
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Nam	ne 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, FM' appraisal, other)
							assistance	23313121100	
			MIDDLE EAST AND						
			NORTH AFRICA	FOOD VOUCHERS	36,982.	СНЕСК	ο.		
			MIDDLE EAST AND						
			NORTH AFRICA	FOOD VOUCHERS	31,988.	снеск	٥.		
			MIDDLE EAST AND	SCHOOL CONSTRUCTION					
			NORTH AFRICA	AND REHABILITATION	47,796.	СНЕСК	0.		
			MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	31,567.	CHECK	0.		
			NORTH AFRICA	EMPOWERING WOMEN	51,507.		0.		
				HEADS OF HOUSEHOLD TO					
			MIDDLE EAST AND	INCREASE THEIR					
			NORTH AFRICA	ECONOMIC AUTONOMY AND	7,975.	снеск	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA	FOOD VOUCHERS	17,574.	СНЕСК	٥.		
			MIDDLE EAST AND NORTH AFRICA	FOOD VOUCHERS	8,787.	CHECK	Ο.		
			NORTH AFRICA	FOOD VOUCHERS	0,707.	CHECK	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	FOOD VOUCHERS	8,136.	СНЕСК	٥.		
					, ,				
			MIDDLE EAST AND						
			NORTH AFRICA	WASTE REUSE PROJECT	11,240.	СНЕСК	0.		

AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EMPOWERING WOMEN HEADS OF HOUSEHOLD TO MIDDLE EAST AND INCREASE THEIR NORTH AFRICA ECONOMIC AUTONOMY AND 21,000.CHECK Ο. MIDDLE EAST AND SCHOOL CONSTRUCTION NORTH AFRICA AND REHABILITATION 7,520.CHECK 0. MIDDLE EAST AND NORTH AFRICA 17,574.CHECK FOOD VOUCHERS 0. MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 8,500.CHECK 0. EMPOWERING WOMEN HEADS OF HOUSEHOLD TO MIDDLE EAST AND INCREASE THEIR NORTH AFRICA ECONOMIC AUTONOMY AND 11,089.CHECK 0. SCHOOL CONSTRUCTION MIDDLE EAST AND NORTH AFRICA AND REHABILITATION 76,683.CHECK 0 MIDDLE EAST AND NORTH AFRICA FOOD VOUCHERS 25,132.CHECK 0 MIDDLE EAST AND HOME GARDENS & NORTH AFRICA GREENHOUSE PROJECTS 16,500.CHECK 0. MIDDLE EAST AND NORTH AFRICA 28,308. CHECK FOOD VOUCHERS 0.

AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 7,850.CHECK Ο. MIDDLE EAST AND SCHOOL CONSTRUCTION NORTH AFRICA AND REHABILITATION 230,660.CHECK 0. TO SUPPORT BURJ MIDDLE EAST AND AL-LUQ LUQ SOCIAL NORTH AFRICA CENTER 77,500.CHECK 0. MIDDLE EAST AND NORTH AFRICA FOOD VOUCHERS 25,556.CHECK 0. MIDDLE EAST AND SUPPORT FOR HOME 45,454.CHECK NORTH AFRICA BASED CARE IN GAZA 0. MIDDLE EAST AND NORTH AFRICA COVID-19 RESPONSE 37,290.CHECK 0 MIDDLE EAST AND FACEMASK PRODUCTION NORTH AFRICA AND HOTMEALS PREP 145,663, CHECK 0 MIDDLE EAST AND SCHOOL CONSTRUCTION NORTH AFRICA AND REHABILITATION 7,400.CHECK 0. TO SUPPORT EDWARD MIDDLE EAST AND SAID NATIONAL NORTH AFRICA CONSERVATORY OF MUSIC 46,985.CHECK 0.

Schedule F (Form 990)

AMERICAN NEAR EAST REFUGEE AID

Part II Continuation o			ations or Entities Outside the			(g) Amount of	(h) Description	(i) Method of
(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	non-cash	of non-cash assistance	valuation (book, FM appraisal, other)
		MIDDLE EAST AND	HOME GARDENS &					
		NORTH AFRICA	GREENHOUSE PROJECTS	117,049.	СНЕСК	٥.		_
		MIDDLE EAST AND						
		NORTH AFRICA	SANITATION PROJECTS	169,992.	CHECK	0.		
				,				
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY MEDICAL SUPPLIES	6,014.	CHECK	0.		
		NORTH AFRICA	SUPPLIES	0,014.	CHECK	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	AGRICULTURAL SUPPLIES	11,783.	СНЕСК	٥.		
			EMPOWERING WOMEN					
			HEADS OF HOUSEHOLD TO					
		MIDDLE EAST AND	INCREASE THEIR					
		NORTH AFRICA	ECONOMIC AUTONOMY AND	4,703.	CHECK	٥.		_
			EMPOWERING WOMEN					
			HEADS OF HOUSEHOLD TO					
		MIDDLE EAST AND	INCREASE THEIR					
		NORTH AFRICA	ECONOMIC AUTONOMY AND	10,615.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	51,142.	СНЕСК	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	49,691.	СНЕСК	٥.		
		MIDDLE EAST AND	EMERGENCY MEDICAL	6 500				
		NORTH AFRICA	SUPPLIES	6,520.	LUECK	٥.		

AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 8,640.CHECK Ο. MIDDLE EAST AND NORTH AFRICA SANITATION PROJECTS 19,384. CHECK 0. MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 35,624.CHECK 0. MIDDLE EAST AND NORTH AFRICA SANITATION PROJECTS 111,194, CHECK 0. MIDDLE EAST AND NORTH AFRICA SANITATION PROJECTS 21,062.CHECK 0. EMERGENCY MEDICAL MIDDLE EAST AND NORTH AFRICA SUPPLIES 21,300.CHECK 0 MIDDLE EAST AND SCHOOL CONSTRUCTION NORTH AFRICA AND REHABILITATION 9,500.CHECK 0. MIDDLE EAST AND SCHOOL CONSTRUCTION AND REHABILITATION NORTH AFRICA 86,229.CHECK 0. EMPOWERING WOMEN HEADS OF HOUSEHOLD TO MIDDLE EAST AND INCREASE THEIR NORTH AFRICA ECONOMIC AUTONOMY AND 13,870.CHECK 0.

Schedule F (Form 990)

AMERICAN NEAR EAST REFUGEE AID

Schedule F (Form 990)	AMERICA	N NEAK EASI KEFUGE			52-000	2220		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	- 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		F 500				
		NORTH AFRICA	WASTE REUSE PROJECT	5,592.	CHECK	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	27,935.	CHECK	٥.		
		MIDDLE EAST AND	HOME GARDENS &					
		NORTH AFRICA	GREENHOUSE PROJECTS	104,808.	СНЕСК	0.		_
		MIDDLE EAST AND						
		NORTH AFRICA	WASTE REUSE PROJECT	8,947.	CHECK	Ο.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	15,947.	CHECK	Ο.		
			EMPOWERING WOMEN					
		MIDDLE EAST AND	HEADS OF HOUSEHOLD TO INCREASE THEIR					
		NORTH AFRICA	ECONOMIC AUTONOMY AND	99,914.	CHECK	Ο.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		MIDDLE EAST AND	TO SUPPORT RAWDAT					
		NORTH AFRICA	ZUHUR	5,425.	СНЕСК	٥.		
		MIDDLE EAST AND NORTH AFRICA	FOOD VOUCHERS	6,314.	CHECK	Ο.		
		NORTH AFRICA		0,514.				
		MIDDLE EAST AND						
		NORTH AFRICA	FOOD VOUCHERS	17,574.	СНЕСК	٥.		

AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 6,550.CHECK Ο. WATER WELL REHAB MIDDLE EAST AND REVERSE OSMOSIS & NORTH AFRICA SOLAR PROJECTS 49,923. CHECK 0. WATER WELL REHAB, MIDDLE EAST AND REVERSE OSMOSIS & NORTH AFRICA SOLAR PROJECTS 44.319.CHECK 0. TO SUPPORT SAINT MIDDLE EAST AND NICOLAS HOME IN BEIT NORTH AFRICA JALA 39,250.CHECK 0. MIDDLE EAST AND NORTH AFRICA FOOD VOUCHERS 14,154.CHECK 0. MIDDLE EAST AND NORTH AFRICA AGRICULTURAL SUPPLIES 24,600.CHECK 0 MIDDLE EAST AND EMERGENCY MEDICAL NORTH AFRICA SUPPLIES 31,956.CHECK 0. MIDDLE EAST AND TO SUPPORT YABOUS NORTH AFRICA CENTER 14,700.CHECK 0. MIDDLE EAST AND NORTH AFRICA FOOD VOUCHERS 22,226.CHECK 0.

Schedule F (Form 990) AMERICAN NEAR EAST REFUGEE AID

chedule F (Form 990)	тыыктен	N NEAK EASI KEFUG			52 000	2220		Page	
Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	e 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, FN appraisal, other)	
		MIDDLE EAST AND							
		NORTH AFRICA	COVID-19 RESPONSE	35,607.	СНЕСК	0.			
		MIDDLE EAST AND	EMERGENCY MEDICAL						
		NORTH AFRICA	SUPPLIES	11,144.	CHECK	0.			
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	139,235.		139 235	SOCIAL SUPPLIES	FMV	
		NORTH AFRICA	IO INOSE IN NEED	135,235.		135,235.	DOCIAL DOITHIED	PHV .	
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	1,826,066.		1,826,066.	SOCIAL SUPPLIES	FMV	
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	1,614,021.		1,614,021.	SOCIAL SUPPLIES	FMV	
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	669,257.		669,257.	SOCIAL SUPPLIES	FMV	
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	30,919.		30 919	SOCIAL SUPPLIES	FMV	
		NORTH AFRICA	IO INOSE IN NEED	50,515.		50,515.	DOCIAL DOITHIED		
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	131,987.		131,987.	SOCIAL SUPPLIES	FMV	
				, .		,			
			TO PROVIDE MEDICAL						
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND		
		NORTH AFRICA	TO THOSE IN NEED	103,973.		103,973.	SOCIAL SUPPLIES	FMV	

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGE	E AID		52-0882	2226		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	249,718.		249,718.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	117,440.		117,440.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,898,902.		1,898,902.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	58,067.		58,067.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	676,860.		676,860.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,649,322.		2,649,322.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	704,452.		704,452.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	44,472.		44,472.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	303,395.		303,395.	MEDICAL AND SOCIAL SUPPLIES	FMV

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	420.200		400.000	MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	130,380.		130,380.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	575 502		E7E E03	MEDICAL AND	EWG7
		NORTH AFRICA	TO THOSE IN NEED	575,593.		5/5,593.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	1 575 299		1 575 200	SOCIAL SUPPLIES	FMV
		NORTH AFRICA	IO INOSE IN NEED	1,575,299.		1,575,299.	SOCIAL SOFFLIES	
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	1,472,822.		1 472 822	SOCIAL SUPPLIES	FMV
				1,1,2,022.		1,1,2,022.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	963,537.		963,537.	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	41,919.		41,919.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	441,077.		441,077.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	403,461.		403,461.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	399,083.		399,083.	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 Image: Continuation of Grants and Other Assistance of organization (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 Image: Continuation of Grants and Other Assistance Image: Continuation of organization (c) Region (c) Region (c) Provide Medical (f) Manner of cash disbursement (g) Amount of cash assistance (h) Description of non-cash assistance Image: Continuation of Grants and Difference MIDDLE EAST AND NORTH AFRICA To PROVIDE MEDICAL MEDICAL AND (f) Manner of cash disbursement (g) Amount of cash disbursement (g) Amount of cash assistance (h) Description of cash disbursement Image: Content of the content of the content of cash disbursement MIDDLE EAST AND NORTH AFRICA (h) Provide Medical (h) Provide Medical (h) Provide Medical Image: Content of the content of the content of cash disbursement <th>valuation (book, FMV, appraisal, other)</th>	valuation (book, FMV, appraisal, other)
(a) Name of organization (b) INS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement (a) non-cash assistance of non-cash assistance MIDDLE EAST AND NORTH AFRICA TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED 2,955,579. 2,955,579. 2,955,579. 2,955,579.	valuation (book, FMV, appraisal, other)
MIDDLE EAST AND NORTH AFRICA AND SOCIAL SUPPLIES TO THOSE IN NEED 2,955,579. MEDICAL AND 2,955,579.	3 FMV
MIDDLE EAST AND NORTH AFRICA AND SOCIAL SUPPLIES TO THOSE IN NEED 2,955,579. MEDICAL AND 2,955,579.	3 FMV
NORTH AFRICA TO THOSE IN NEED 2,955,579. 2,955,579.	3 FMV
	5 F.WA
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 1,685,543. 1,685,543. SOCIAL SUPPLIES	s FMV
	· · · · · · · · · · · · · · · · · · ·
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 178,018. 178,018. SOCIAL SUPPLIES	s FMV
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 123,106. 123,106. SOCIAL SUPPLIES	s FMV
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 112,441. 112,441. SOCIAL SUPPLIES	s FMV
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 332,850. 332,850. SOCIAL SUPPLIES	S FMV
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 16,011,593. 16,011,593. SOCIAL SUPPLIES	S FMV
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 1,452,522. 1,452,522. SOCIAL SUPPLIES	5 FMV
	· • • • • • • • • • • • • • • • • • • •
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 11,000. 11,000. SOCIAL SUPPLIES	s FMV

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Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	31,602.			MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,101,721.			MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,608,188.		1,608,188.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	166,801.		166,801.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	36,211.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	35,926.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT & SHELTER REHABILITATION	78,302.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	22,915.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	63,321.	CHECK	0.		

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AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 32,167.CHECK Ο. MIDDLE EAST AND SHELTER NORTH AFRICA REHABILITATION 12,500.CHECK 0. MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 21,000.CHECK 0. MIDDLE EAST AND NORTH AFRICA MEDICAL SUPPLIES 10,237.CHECK 0. MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 93,557.CHECK 0. YOUTH EMPLOYABILITY MIDDLE EAST AND NORTH AFRICA SUPPORT 34,113.CHECK 0 MIDDLE EAST AND FOOD AND HYGIENE NORTH AFRICA MATERIALS 11,758.CHECK 0. MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 7,865.CHECK Ο. MIDDLE EAST AND SOLID WASTE NORTH AFRICA MANAGEMENT 6,868, CHECK 0.

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	8,662.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	890,060.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	791,316.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	5,084.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLID WASTE MANAGEMENT	6,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLID WASTE MANAGEMENT	6,950.	снеск	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES	5,074.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	14,430.	снеск	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	25,000.	снеск	0.		

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Part II		f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Nar	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT & SHELTER REHABILITATION	49,793.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT & SHELTER REHABILITATION	37,930.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	150,121.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	5,925.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	744,394.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	85,360.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	11,265.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT, SOLID WASTE MANAGEMENT, SANITATION AND	665,639.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	FOOD AND HYGIENE MATERIALS	5,207.	CHECK	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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, FM appraisal, other)
		MIDDLE EAST AND	YOUTH EMPLOYABILITY					
		NORTH AFRICA	SUPPORT	12,560.	СНЕСК	0.		
		MIDDLE EAST AND	YOUTH EMPLOYABILITY					
		NORTH AFRICA	SUPPORT	30,510.	СНЕСК	Ο.		
		MIDDLE EAST AND	YOUTH EMPLOYABILITY					
		NORTH AFRICA	SUPPORT	22,672.	СНЕСК	٥.		
		MIDDLE EAST AND	FOOD AND HYGIENE					
		NORTH AFRICA	MATERIALS	72,750.	СНЕСК	0.		
			YOUTH EMPLOYABILITY					
		MIDDLE EAST AND	SUPPORT AND MAKING					
		NORTH AFRICA	MASKS	58,090.	СНЕСК	ο.		
				,				
			YOUTH EMPLOYABILITY					
		MIDDLE EAST AND	SUPPORT & SOLID WASTE					
		NORTH AFRICA	MANAGEMENT	1,350.	СНЕСК	٥.		
		MIDDLE EAST AND NORTH AFRICA	FOOD MATERIALS	28,312.	CHECK	0.		
		NORTH AFRICA	FOOD MATERIALD	20,312.		0.		
			SUPPORT MEDICAL					
		MIDDLE EAST AND	SERVICES FOLLOWING					
		NORTH AFRICA	BEIRUT PORT EXPLOSION	80,000.	СНЕСК	Ο.		
			SUPPORT MEDICAL					
		MIDDLE EAST AND	SERVICES FOLLOWING					
		NORTH AFRICA	BEIRUT PORT EXPLOSION	100,000.	СНЕСК	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	100,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLID WASTE MANAGEMENT, SANITATION AND HYGIENE	78,340.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLID WASTE MANAGEMENT	59,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	7,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	5,000.	снеск	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	6,400.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLID WASTE MANAGEMENT	35,000.	снеск	٥.		

AMERICAN NEAR EAST REFUGEE AID 52-0882226 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND SOLID WASTE NORTH AFRICA MANAGEMENT 52,181. CHECK Ο. SUPPORT MEDICAL MIDDLE EAST AND SERVICES FOLLOWING NORTH AFRICA BEIRUT PORT EXPLOSION 16,600.CHECK 0. SUPPORT MEDICAL MIDDLE EAST AND SERVICES FOLLOWING NORTH AFRICA 15,000.CHECK 0. BEIRUT PORT EXPLOSION MIDDLE EAST AND SHELTER NORTH AFRICA REHABILITATION 6,478.CHECK 0. MIDDLE EAST AND SHELTER 30,496.CHECK NORTH AFRICA REHABILITATION 0. MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 162,536.CHECK 0 MIDDLE EAST AND YOUTH EMPLOYABILITY NORTH AFRICA SUPPORT 9,787. CHECK 0. MIDDLE EAST AND NORTH AFRICA EMERGENCY HEALTH 27,000.CHECK Ο. MIDDLE EAST AND SHELTER NORTH AFRICA REHABILITATION 11,770.CHECK 0.

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	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT & SHELTER REHABILITATION	5,163.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER REHABILITATION	10,705.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	10,395.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	19,327.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER REHABILITATION	12,727.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	16,060.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT MEDICAL SERVICES FOLLOWING BEIRUT PORT EXPLOSION	140,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	70,783.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYABILITY SUPPORT	53,738.	снеск	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO DROVIDE MEDICAL					
			TO PROVIDE MEDICAL				MEDICAL AND	
		MIDDLE EAST AND NORTH AFRICA	AND SOCIAL SUPPLIES	629 470		629 470	MEDICAL AND	EM37
		NORTH AFRICA	TO THOSE IN NEED	628,479.		020,479.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	26,664.		26 664	SOCIAL SUPPLIES	FMV
				20,001.		20,004.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	8,199.		8 199.	SOCIAL SUPPLIES	FMV
				,		, – – – –		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	194,497.		194,497.	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	821,732.		821,732.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	11,316.		11,316.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	87,505.		87,505.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	60,520.		60,520.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	51,302.		51,302.	SOCIAL SUPPLIES	FMV

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	221,668.		221,668.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	322,262.		322,262.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	5,510.		5,510.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,049,646.		1,049,646.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,881.		6,881.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,003.		6,003.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	45,117.		45,117.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	23,754.		23,754.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	39,174.		39,174.	MEDICAL AND SOCIAL SUPPLIES	FMV

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Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nar	me 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	20,262.		20 262	MEDICAL AND SOCIAL SUPPLIES	FMV
					20,202.		20,202.		
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	71,067.		71,067.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	14,288.		14,288.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	1,901,001.		1,901,001.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	73,823.		73,823.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,315,594.		6,315,594.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	16,887.		16,887.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	35,758.		35,758.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	143,582.		143,582.	MEDICAL AND SOCIAL SUPPLIES	FMV

(a) Name of organization (b) in to cuo scaling and EIN (if applicable) (c) Region	(i) Method of ation (book, FMV, opraisal, other)
(a) Name of organization (b) Model observed and EIN (if applicable) (c) Region (b) Model grant (c) Findent of cash grant (c) Mathe dispursement non-cash assistance of non-cash assistance of non-cash assistance of non-cash assistance of non-cash assistance of non-cash assistance valuati applicable Image: the second s	ation (book, FMV,
Image: Constraint of the second sec	
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MIDDLE EAST AND NORTH AFRICAAND SOCIAL SUPPLIES TO THOSE IN NEED13,338.MEDICAL AND 13,338.MEDICAL SUPPLIES FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED11,229.MEDICAL AND 11,229.FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED11,229.SOCIAL SUPPLIES 11,229.FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED354,071.SOCIAL SUPPLIES SOCIAL SUPPLIESFMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED354,071.SOCIAL SUPPLIES SOCIAL SUPPLIESFMV	
MIDDLE EAST AND NORTH AFRICAAND SOCIAL SUPPLIES TO THOSE IN NEED13,338.MEDICAL AND 13,338.MEDICAL SUPPLIES FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED11,229.MEDICAL AND 11,229.FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED11,229.SOCIAL SUPPLIES 11,229.FMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED354,071.SOCIAL SUPPLIES SOCIAL SUPPLIESFMVImage: Social supplies NORTH AFRICATO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED354,071.SOCIAL SUPPLIES SOCIAL SUPPLIESFMV	
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TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED MEDICAL AND 11,229. MEDICAL AND 11,229. MIDDLE EAST AND MIDDLE EAST AND NORTH AFRICA TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED MEDICAL AND 11,229. MEDICAL AND MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED MIDDLE EAST AND MORTH AFRICA TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED 354,071. MEDICAL AND SOCIAL SUPPLIES FMV TO PROVIDE MEDICAL TO PROVIDE MEDICAL MEDICAL SUPPLIES TO THOSE IN NEED 354,071. SOCIAL SUPPLIES FMV	
MIDDLE EAST AND NORTH AFRICAAND SOCIAL SUPPLIES TO THOSE IN NEED11,229.MEDICAL AND SOCIAL SUPPLIESFMVImage: Constraint of the second seco	
MIDDLE EAST AND NORTH AFRICAAND SOCIAL SUPPLIES TO THOSE IN NEED11,229.MEDICAL AND SOCIAL SUPPLIESFMVTO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEEDTO PROVIDE MEDICAL SOCIAL SUPPLIES TO THOSE IN NEEDS54,071.MEDICAL AND SOCIAL SUPPLIESFMVTO PROVIDE MEDICAL TO PROVIDE MEDICALTO PROVIDE MEDICALS54,071.SOCIAL SUPPLIESFMV	
Image: North AfricaTO THOSE IN NEED11,229.11,229. SOCIAL SUPPLIESFMVImage: North AfricaTO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED354,071.SOCIAL SUPPLIES 354,071.FMVImage: North AfricaTO PROVIDE MEDICAL TO PROVIDE MEDICALTO PROVIDE MEDICALSocial Supplies 354,071.FMV	
Image: Middle east and North Africa To provide medical and social supplies to those in need 354,071. MEDICAL AND 354,071. Social supplies FMV Image: Medical and Social supplies To provide medical 354,071. Social supplies FMV	
MIDDLE EAST AND NORTH AFRICA AND SOCIAL SUPPLIES TO THOSE IN NEED 354,071. MEDICAL AND 354,071. SOCIAL SUPPLIES FMV Image: Constraint of the second se	
MIDDLE EAST AND NORTH AFRICA AND SOCIAL SUPPLIES TO THOSE IN NEED 354,071. MEDICAL AND 354,071. SOCIAL SUPPLIES FMV Image: Constraint of the second se	
Image: North Africa To those in Need 354,071. Social supplies FMV Image: Description of the second se	
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 32,258. 32,258. SOCIAL SUPPLIES FMV	
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 96,945. 96,945. SOCIAL SUPPLIES FMV	
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 22,000. 22,000. SOCIAL SUPPLIES FMV	
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 12,500. 12,500. SOCIAL SUPPLIES FMV	
TO PROVIDE MEDICAL	
MIDDLE EAST AND AND SOCIAL SUPPLIES MEDICAL AND	
NORTH AFRICA TO THOSE IN NEED 12,527. 12,527. SOCIAL SUPPLIES FMV	

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	170,333.		170 333	SOCIAL SUPPLIES	FMV
				1,0,000.		1,0,000.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	10,642.		10,642.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	86,152.		86,152.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	11,702.		11,702.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	10 576		10 576	MEDICAL AND	51.07
		NORTH AFRICA	TO THOSE IN NEED	19,576.		19,576.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	442,195.		442 195	SOCIAL SUPPLIES	FMV
				112,155.		112,193.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	31,341.		31,341.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	5,076.		5,076.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	8,543.		8,543.	SOCIAL SUPPLIES	FMV

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	216 604			MEDICAL AND SOCIAL SUPPLIES	DM17
		NORTH AFRICA	TO THOSE IN NEED	216,604.		210,004.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	9,106.		9,106.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	215,241.		215,241.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	14,615.		14,615.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	411,558.		411,558.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	184,198.		184,198.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	314,884.		314,884.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	34,216.		34,216.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	71,476.		71,476.	MEDICAL AND SOCIAL SUPPLIES	FMV

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	TO PROVIDE MEDICAL				MEDICAL AND	
		NORTH AFRICA	AND SOCIAL SUPPLIES TO THOSE IN NEED	43,388.		43,388.	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	5 004			MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	5,924.		5,924.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	9,454.		9,454.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	4,866,340.		4 866 340.	SOCIAL SUPPLIES	FMV
						-,,,.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	42,983.		42,983.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	3,924,450.		3,924,450.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND NORTH AFRICA	AND SOCIAL SUPPLIES TO THOSE IN NEED	7 015		7 015	MEDICAL AND SOCIAL SUPPLIES	FMV
		NONIN AFRICA	TO THOSE IN NEED	7,815.		/,013.	DOCTAT BOLLTIES	<u>r 11 A</u>
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	7,091.		7,091.	SOCIAL SUPPLIES	FMV
			TO DROVIDE MEDICAL					
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	148,192.		148,192.	SOCIAL SUPPLIES	FMV

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	929,241.		929 241.	SOCIAL SUPPLIES	FMV
						,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	206,888.		206,888.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	6,559.		6,559.	SOCIAL SUPPLIES	FMV
			TO DROVIDE MEDICAL					
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	11,312.		11 312	SOCIAL SUPPLIES	FMV
			TO THOSE IN NEED	11,512.		11,512.	DOCIAL DUITLIED	
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	40,352.		40,352.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	40,234.		40,234.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	1 01 0 01 0		1 01 0 01 0	MEDICAL AND	EN GI
		NORTH AFRICA	TO THOSE IN NEED	1,016,018.		1,016,018.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	8,473.		8.473.	SOCIAL SUPPLIES	FMV
				,		· , = · = ·		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	5,774.		5,774.	SOCIAL SUPPLIES	FMV

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGI	E AID		52-0882	2226		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	4 5 9 9 5 4		4 = 0 = 1	MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	179,051.		179,051.	SOCIAL SUPPLIES	FMV
			TO DROVIDE MEDICAL					
			TO PROVIDE MEDICAL				MEDICAL AND	
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	14 550		14 550	MEDICAL AND	EWG7
		NORTH AFRICA	TO THOSE IN NEED	14,552.		14,552.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	22,863.		22 863	SOCIAL SUPPLIES	FMV
		NORTH AFRICA	IO INOSE IN NEED	22,003.		22,005.	SOCIAL SOFFLIES	
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	107,336.		107 336	SOCIAL SUPPLIES	FMV
				107,000.		107,000.		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	9,356.		9 356.	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	2,959,173.		2,959,173.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	10,072.		10,072.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	25,839.		25,839.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	11,489.		11,489.	SOCIAL SUPPLIES	FMV

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGE	EE AID		52-0882	2226		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	9,843.		9 843	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	10,784.		10,784.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	17,908.		17,908.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	14,701.		14,701.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES	60.001		60 001	MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	68,221.		68,221.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	12,100.		12 100	SOCIAL SUPPLIES	FMV
				,		,		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	55,004.		55,004.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	149,798.		149,798.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	178,082.		178,082.	SOCIAL SUPPLIES	FMV

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGE	SE AID		52-0882	2226		Page 2
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	6,628.		6,628.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	25,159.		25,159.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	8,132.		8,132.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	38,115.		38,115.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,837.		6,837.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	9,949.		9,949.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,792,165.		2,792,165.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	68,264.		68,264.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	379,910.		379,910.	MEDICAL AND SOCIAL SUPPLIES	FMV

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGI	EE AID		52-0882	2226		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	25,245.		25 245	SOCIAL SUPPLIES	FMV
		NORTH AFRICA	IO INODE IN NEED	25,245.		25,245.	DOCIAL DUITLIED	
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	53,532.		53,532.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	12,312.		12,312.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	687,251.		687,251.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	5,523.		5,523.	SOCIAL SUPPLIES	FMV
			TO DROUTER WERTCH					
		MIDDLE EAST AND	TO PROVIDE MEDICAL				MEDICAL AND	
		NORTH AFRICA	AND SOCIAL SUPPLIES	7,895.		7 905	MEDICAL AND SOCIAL SUPPLIES	FMV
		NORTH AFRICA	TO THOSE IN NEED	7,895.		7,895.	SOCIAL SUPPLIES	
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	8,710.		8,710.	SOCIAL SUPPLIES	FMV
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· , · = - ·		
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	54,778.		54,778.	SOCIAL SUPPLIES	FMV
			TO PROVIDE MEDICAL					
		MIDDLE EAST AND	AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	7,300.		7,300.	SOCIAL SUPPLIES	FMV

Schedule F (Form 990)	AMERICA	N NEAR EAST REFUGI	52-0882226				Page 2	
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	55,925.		55,925.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES				MEDICAL AND	
		NORTH AFRICA	TO THOSE IN NEED	17,678.		17,678.	SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	19,446.			MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	7,093.			MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	6,683.		6,683.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	2,156,717.		2,156,717.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	291,800.		291,800.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	72,438.		72,438.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	8,075.		8,075.	MEDICAL AND SOCIAL SUPPLIES	FMV

Schedule F (Fo	orm 990)	AMERICAN	N NEAR EAST REFUGE		Page 2				
Part II Co	ontinuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of c	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	5,856.		5,856.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	380,130.		380,130.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	333,538.		333,538.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	5,736,193.		5,736,193.	MEDICAL AND SOCIAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	15,223.		15,223.	MEDICAL AND SOCIAL SUPPLIES	FMV

AMERICAN NEAR EAST REFUGEE AID

52-0882226

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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)

Schedule F (Form 990) 2020

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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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2020

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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 U.S.

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

52-0882226 Page 5

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: YOUTH EMPLOYABILITY SUPPORT, SOLID WASTE

MANAGEMENT, SANITATION AND HYGIENE, FOOD PACKAGES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YOUTH EMPLOYABILITY SUPPORT. SOLID WASTE

MANAGEMENT, SANITATION AND HYGIENE

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YOUTH EMPLOYABILITY SUPPORT, SOLID WASTE

MANAGEMENT, SANITATION AND HYGIENE

AMERICAN NEAR EAST REFUGEE AID Schedule F (Form 990) 2020

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.

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. IN ADDITION, THE ORGANIZATION HAS

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

5713.

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

IS PREPARED AND FILED SEPARATELY.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	090-EZ) 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. ▶ Attach to Form 990 or Form 990-EZ.										
Department of the Treasury			Open to Public								
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Employer i	Inspection dentification number			
Name of the organization		EAR EAST REFUGEE AID					52-0882				
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	e organization rais	ed funds through any of the followir	ig activ	vities. (Check all that apply.						
a Mail solicitat					overnment grants						
— — · · · ·	email solicitations				nment grants						
c Phone solicit		g Special	fundra	aising	events						
d In-person sol		r oral agreement with any individual	(inclue	lina of	ficers directors trus	toos	or				
•		art VII) or entity in connection with p	•	Ũ		1003,		es No			
		viduals or entities (fundraisers) pursu			U U	ne fui	ndraiser is to	be			
compensated at le	ast \$5,000 by the	organization.		-							
			(iii)	Did		(v)	Amount paid	1			
(i) Name and address		(ii) Activity	fùndi have c	aiser ustody	(iv) Gross receipts	tò (or retained by fundraiser				
or entity (fund	Iraiser)			ntrol of utions?	from activity		ited in col. (i)	organization			
			Yes	No							
			1								
Total				►							
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from	registration			

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 AMERICAN NEAR EAST REFUGEE AID

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
			ANNUAL DINNER	IFTAR	1	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	391,296.	29,971.	10,123.	431,390.
	2	Less: Contributions	391,296.	29,971.	10,123.	431,390.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ey	7	Food and beverages				
	8	Entertainment	18,000.	500.	500.	19,000.
	9	Other direct expenses				27,571.
	10	Direct expense summary. Add lines 4 through	0 (►	46,571.
		Net income summary. Subtract line 10 from li				-46,571.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	4	Gross revenue				

ž	1	Gross revenue									
ses	2	Cash prizes									
xpen	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── 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											
	b If "No," explain:										
10a	0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?										

b If "Yes," explain: _____

Sch	edule G (Form 990 or 990-EZ) 2020 AMERICAN NEAR EAST REFUGEE AID	52-08	38222	6	Page 3			
	Does the organization conduct gaming activities with nonmembers?			Yes	No			
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			X				
40	to administer charitable gaming?			Yes	No No			
	Indicate the percentage of gaming activity conducted in:	ſ	120	I	0/			
	a The organization's facility		13a 13b		<u>%</u> %			
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:		130					
14	Name							
	Address 🕨							
15a	a 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 amoun of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	ıt						
	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? 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 	he		Yes	□ No			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part	: III, lin	es 9,	9b, 10b,			

	(continued)

SC	CHEDULE J Compensation Information				OMB No. 1545-0047			
(Fo	rm 990)	- For certain Officers, Direc	tors, Trustees, Key Employees, and Highest		20	20)	
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		ZU	ZU	J	
	tment of the Treasury		Attach to Form 990.		Open to		ic	
	al Revenue Service	Go to www.irs.gov/Form9	Employer ide	Inspe				
inari	e of the organization		ת ד א			on nui	nber	
Da	rt I Question	AMERICAN NEAR EAST REFUGE 8 Regarding Compensation	E AID	52-088	2220			
10		s negariting compensation				Vaa	Ne	
10	Chock the appropri	to box(os) if the organization provided an	, of the following to or for a person listed on Form	000		Yes	No	
Id		line 1a. Complete Part III to provide any re	y of the following to or for a person listed on Form	990,				
	First-class or c		X Housing allowance or residence for perso					
	Travel for com		Payments for business use of personal re					
		ation and gross-up payments	Health or social club dues or initiation fee					
		pending account	Personal services (such as maid, chauffel					
				, 611617				
b	If any of the boxes	on line 1a are checked, did the organizatio	n follow a written policy regarding payment or					
-	-				1b	х		
2		•	g or allowing expenses incurred by all directors,					
			egarding the items checked on line 1a?		2	х		
	,							
3	Indicate which, if ar	y, of the following the organization used to	o establish the compensation of the organization's	i				
	CEO/Executive Dire	ctor. Check all that apply. Do not check a	ny boxes for methods used by a related organization	on to				
	establish compensa	tion of the CEO/Executive Director, but ex	plain in Part III.					
	X Compensation	committee	Written employment contract					
	X Independent of	ompensation consultant	X Compensation survey or study					
	X Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing					
	organization or a re	ated organization:						
а	Receive a severance	e payment or change-of-control payment?			4a		X	
b	•	eive payment from a supplemental nonqua			4b		X	
с	-	eive payment from an equity-based compe	-		4c		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.					
	0.1							
~)(3), 501(c)(4), and 501(c)(29) organizatio	-					
5			d the organization pay or accrue any compensation	'n				
-	contingent on the r				E-		x	
a r	Any related organiz	21002			<u>5a</u> 5b		X	
n		r 5b, describe in Part III.			50			
6			d the organization pay or accrue any compensatic	n				
U	contingent on the n		a the organization pay of accrue any compensation	11				
я	•	5			6a		x	
b	Any related organiz	ation?			6b		x	
~		r 6b, describe in Part III.						
7			d the organization provide any nonfixed payments	5				
					7		x	
8			crued pursuant to a contract that was subject to th					
-		ption described in Regulations section 53.			8		x	
9		d the organization also follow the rebuttab			_			
-	Regulations section				9			
LHA		eduction Act Notice, see the Instruction		Schedule		n 990) 2020	

52-0882226

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.

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation compensation compensation		reportable	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) SEAN CARROLL	(i)	232,223.	0.	19,101.	23,283.	36,966.	311,573.	0.	
PRESIDENT AND CEO	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(2) DONNA L. DIANE	(i)	181,335.	0.	420.	16,658.	18,741.	217,154.	0.	
CFO	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(3) JOHN BYRNE	(i)	137,851.	0.	39,894.	12,425.	6,737.	196,907.	0.	
COUNTRY DIRECTOR WB/GAZA	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(4) MARGARET F. SCHMITZ	(i)	141,646.	0.	321.	13,420.	31,148.	186,535.	0.	
VP, PHILANTHROPY UNTIL 3/2021	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(5) ELIZABETH DEMAREST	(i)	127,945.	0.	266.	11,694.	12,981.	152,886.	0.	
VP, COMMUNICATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 3

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 \$39,603, EXPATRIATE

HOUSING OVERSEAS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2020 **Open to Public** . Inspection

Name	of the	organization

GO to www.iis.gov/Formaao to	insu ucuons anu	the latest

Employer identification number 52-0882226

AMERICAN	NEAR	EAST	REFUGEE	AID

Pa	rt 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 de noncash contribu	etermin	•	s
1	Art - Works of art			<u> </u>				-
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		1,999,002.	FMV			
6	Cars and other vehicles			, ,				
7	Boats and planes							
8	Intellectual property	x		2,737,005.	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 -							
10	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	114	86,624,703.	FMV			
21	Taxidermy							
22	L Rodovičko slovensko							
23	Scientific specimens							
23 24	Archeological artifacts							
25	Other ()							
25 26								
20 27	· · · · · · · · · · · · · · · · · · ·							
28	Other ▶ () Other ▶ ()							
29	Number of Forms 8283 received by the organi	l zation during	l a tha tax year for a	ontributions				
29	for which the organization completed Form 82	-						
	for which the organization completed form of	00, i alt v, L	onee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it		103	
000	must hold for at least three years from the date	-	•••••					
	exempt purposes for the entire holding period			•		30a		x
h	If "Yes," describe the arrangement in Part II.	·				30a		
ы 31	Does the organization have a gift acceptance	onlicy that re	ouires the review (of any nonstandard contribut	ions?	31	х	
						51		
JZd	Does the organization hire or use third parties contributions?		-			32a		x
۲	contributions? If "Yes," describe in Part II.					528		
	If the organization didn't report an amount in c	olumn (a) fa	r a type of property	(for which column (a) is show	kod			
33	describe in Part II.		a type of property	ior which column (a) is che	reu,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	n	Schedule M	A (Ears	000	2020
	i or raper work neutruin Act Notice, see	are moude	1013 IOI FUITI 990		Schedule		. 330)	2020

Schedule M (Form 990) 2020 AMERICAN NEAR EAST REFUGEE AID	52-0882226	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contributional information.	33, and whether the organi mbination of both. Also co	zation
CHEDULE M, PART I, COLUMN (B):		
INE 20, REPORTING THE NUMBER OF SHIPMENTS		
32142 11-23-20	Schedule M (For	m 990) 202

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 52-0882226

AMERICAN NEAR EAST REFUGEE AID

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

Schedule O (Form 990 or 990 EZ) 2020	Page 2
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-SEVEN PERSONS SERVED ON THE BOARD OF DIRECTORS DURING	
THE FISCAL YEAR. THOSE THIRTY-SEVEN ARE SHOWN IN PART VII OF FORM 990.	
AS OF MAY 31, 2021 THERE WERE A TOTAL OF THIRTY-THREE 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 -2,451.	
ADJUSTMENT TO NET ASSETS CHANGES 4,169.	
TOTAL TO FORM 990, PART XI, LINE 9 1,718.	

SCH	IEDULE R
	1

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2020 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN NEAR EAST REFUGEE AID

Employer identification number 52-0882226

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ANERA VENTURES, LLC	TO ADVANCE THE WELL-BEING				
1111 14TH STREET, NW, SUITE 400	OF REFUGEES AND OTHER				AMERICA NEAR EAST
WASHINGTON, DC 20005	VULNERABLE COMMUNITIES	DELAWARE	0.	0.	REFUGEE AID

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
							───

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	· j									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	ar allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010			K-1 (Form 1065)	Yes	lo
]										
	1										
	1										
											+
	1										
	1										
	1										
	1		l	l							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
									<u> </u>
								<u> </u>	<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				

_

-

Schedule R (Form 990) 2020 AMERICAN NEAR EAST REFUGEE AID

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	"	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	all	Share of	Share of		opor-	Code V-UBI	General o	
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tior alloca	opor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
		-		165	NO			163		(************	165 144	·
												
												
			1	1					1	1		1

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 AMERIC Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

2020 DEPRECIATION AND AMORTIZATION REPORT

F

FORM 9	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
2	FURNITURE AND OFFICE EQUIPME	NVARIOUS	SL	5.00		16	157,957.				157,957.	66,258.		8,877.	75,135.
	* 990 PAGE 10 TOTAL FURNITUR	E & FIXTU	RES				157,957.				157,957.	66,258.		8,877.	75,135.
	TRANSPORTATION EQUIPMENT														
1	VEHICLE * 990 PAGE 10 TOTAL TRANSPOR	VARIOUS	SL	5.00		16	196,927.				196,927.	164,575.		22,049.	186,624.
	EQUIPMENT	TATION					196,927.				196,927.	164,575.		22,049.	186,624.
	OTHER														
3	COMPUTER EQUIPMENT & DESIGN	VARIOUS	SL	5.00		16	351,712.				351,712.	241,086.		32,299.	273,385.
	* 990 PAGE 10 TOTAL OTHER						351,712.				351,712.	241,086.		32,299.	273,385.
	* GRAND TOTAL 990 PAGE 10 DE	PR					706,596.				706,596.	471,919.		63,225.	535,144.

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 8858	Disreg	arded Entitie	s (FDEs) a	ons With Respect nd Foreign Branc	hes (FBs	s)		OMB No. 1545-1910
(Rev. September 2020) Department of the Treasury Internal Revenue Service			E's or FB's	etructions and the la annual accounting pe and ending MAY 31			ons)	Attachment Sequence No. 140
Name of person filing this r		,	2			File	er's ider	ntifying number
AMEDICAN NEAD EACH D	PENCEE ATD					50	2-08822	226
AMERICAN NEAR EAST R Number, street, and room of		aumbor if mail is	a not dolivor	ad to streat address)		52	2-00022	220
1111 14TH STREET, NW								
City or town, state, and ZIP WASHINGTON, DC 2000	5							
Filer's tax year beginning	UN 1 ,2020	, and ending	MAY 31	, 20 21				
Important: Fill in all applica U.S. dollars uni	able lines and schedules. ess otherwise indicated.	All information	must be in	English. All amounts	must be s	tated in		
Check here FDE	of a U.S. person	FDE of a d	controlled fo	reign corporation (CF	=C)	FDE of	f a contr	rolled foreign partnership
X FB o	f a U.S. person	FB of a Cl	FC			FB of a	a contro	lled foreign partnership
Check here 📃 Initia	l 8858	Final 8858			1			
1a Name and address of FI					b(1) U.S	. identify	ing num	ber, if any
AMERICAN NEAR EAST R								
3RD FLOOR BADARO-ALA	M STREET				b(2) Refe	erence ID) numbe	er (see instructions)
BEIRUT LEBANON					ANERAL	FB		
c For FDE, country(ies) un	der whose laws organize	and entity ty	oe under loc	el tax law	d Date(s)		nization	e Effective date as FDE
					u Date(3)	ororgan	IZALION	
f If benefits under a U.S. t income of the FDE or FE				n which principal activity is conducted	h Princip activity	,	ess	i Functional currency
					CHARITAN	BLE		
2 Drovido the following in	formation for the EDE's		LEBANON	tatad abova				USD
 2 Provide the following in a Name, address, and ide 	formation for the FDE's		•		cluding corpo	rate departr	ment if an	plicable) of person(s) with
in the United States	entrying number of brain	ch onice of age	int (ii ariy)	Custody of the books records, if different	and records o	f the FDE or	r FB, and th	he location of such books and
				1111 14TH STREE				
					20005			
				,				
3 For the tax owner of the	e FDE or FB (if different	from the filer), p	provide the f	ollowing (see instruct	tions):			
a Name and address				b Annual account	ing period	covered	by the r	return (see instructions)
				c(1) U.S. identifyin	g number,	if any		
				c(2) Reference ID	number (se	ee instruc	ctions)	
				d Country under wh	ose laws or	ganized	e Fun	ctional currency
						-		
4 For the direct owner o	f the FDE or FB (if differe	ent from the tax	owner), pro	vide the following (se	e instructi	ons):		
a Name and address	,		,,,,	b Country under v			ed	
				c U.S. identifying	number if	anv	d Fun	ctional currency
	hat identifies the name, placement are and the FDE or FB, and the ch astructions.							of

For Paperwork Reduction Act Notice, see the separate instructions.

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1,676.

1,843.

52,900,713.

45,679,704.

7,221,008.

Sch	edule C Income Statement (see instructions)			Page 2
mpor	rtant: Report all information in functional currency in accordance with U.S. GAAP. Also,	report eac	h amount in U.S.	
follars	s translated from functional currency (using GAAP translation rules or the average excha	nge rate d	etermined under	
sectio	n 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars colu	ımn. See i	nstructions for	
specia	al rules for FDEs or FBs that use DASTM.			
f you	are using the average exchange rate (determined under section 989(b)), check the follow	<u>ing box</u>		
-			Functional Currency	U.S. Dollar
1	Gross receipts or sales (net of returns and allowances)	1		52,897,194.
2	Cost of goods sold	2		
3	Gross profit (subtract line 2 from line 1)	3		52,897,194.
4	Dividends			
		5		

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Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(t) Amount functional of rec	currency
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with respe	ct to	remittances		
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to				
	the change and new method of accounting				

Schedule F Balance Sheet

Net income (loss) per books

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Gross rents, royalties, and license fees ______ Gross income from performance of services ______

Foreign currency gain (loss)

Other income

Total income (add lines 3 through 9)

Total deductions (exclude income tax expense)

Income tax expense

Other adjustments

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	959,527.	512,819.
2	Other assets	2	1,467,376.	9,431,706.
3	Total assets	3	2,426,903.	9,944,525.
	Liabilities and Owner's Equity			
4	Liabilities	4	608,926.	905,543.
5	Owner's equity	5	1,817,977.	9,038,981.
6	Total liabilities and owner's equity	6	2,426,903.	9,944,524.
Sch	edule G Other Information	•	•	

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		Х
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		x
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		x
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

	858 (Rev. 9-2020) edule G Other Information (continued)		Page
		Vee	Na
6-	During the tay year widths FDF as FD receive as econy to the receipt of any amounts defined as a	Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		x
b	and 6c Enter the total amount of the base erosion payments \$		
	Enter the total amount of the base erosion payments \$ Enter the total amount of the base erosion tax benefit \$		
с 7а	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
1a	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		x
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base crosion fayments ϕ		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
Ŭ	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
l0a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	N	A
b	If "Yes," enter the amount of the dual consolidated loss \$ ()		
1a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d) 1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$ ()		
с	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
l2a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
с	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year > \$ See Instructions		
3a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture > \$		

Form 8858 (Rev. 9-2020)

Form 8	858 (Rev. 9-2020)			Page 4
Sch	edule H Current Earnings and Profits or Taxable Income (see instructions)			
Impor	ant: Enter the amounts on lines 1 through 6 in functional currency.			
1	Current year net income (loss) per foreign books of account	1	7	,221,008.
2	Total net additions	2		
3	Total net subtractions	3		
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	7	,221,008.
5	DASTM gain (loss) (if applicable)	5		
6	Combine lines 4 and 5	6	7	,221,008.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average			
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7	7	,221,008.
8	Enter exchange rate used for line 7 1.000000			
Sch	edule I Transferred Loss Amount (see instructions)			
Impor	ant: See instructions for who has to complete this section.			
		L	Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"			
	stop here. If "Yes," go to line 2	L		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3	L		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		
Sch	edule J Income Taxes Paid or Accrued (see instructions)			

	F	oreign Income Tax	es	Foreign Tax Credit Separate Categories						
(a) Country or Possession	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other			
Totals										

Form 8858 (Rev. 9-2020)

Form 8858	Disregaro	ded Entitie	s (FDEs) a	ons With Respect and Foreign Branc structions and the la	hes (FBs	Ĩ		OMB No. 1545-1910
(Rev. September 2020) Department of the Treasury Internal Revenue Service			E's or FB's	annual accounting pe and ending MAY 31				Attachment Sequence No. 140
Name of person filing this r		,	2	y		, 	identi	fying number
AMERICAN NEAR EAST R	EFUGEE ATD					52-0	88222	6
	or suite no. (or P.O. box nun	nber if mail is	s not deliver	ed to street address)		02 0		-
1111 14TH STREET, NW				,				
City or town, state, and ZIF WASHINGTON, DC 2000								
Filer's tax year beginning	, 20 20 ,	and ending	MAY 31	, 20 21				
	able lines and schedules. All less otherwise indicated.	l information	must be in	English. All amounts	must be s	tated in		
	of a U.S. person	FDF of a c	controlled fo	preign corporation (CI	=C)	FDE of a c	control	led foreign partnership
	f a U.S. person	FB of a CI		cigin corporation (or		7		ed foreign partnership
Check here 📃 Initia	ıl 8858 🛛 🗌 Fi	nal 8858			•			
1a Name and address of FI					b(1) U.S.	identifying	numbe	er, if any
AMERICAN NEAR EAST R								
MOUSA FEIDI AL-ALAMI SHEIKH JARRAH	STREET				b(2) Refe	erence ID nu	mber	(see instructions)
JERUSALEM ISRAEL					ANERAJ	ER		
	der whose laws organized a	and entity typ	be under loc	al tax law		of organiza	ation e Effective date as Fl	
	C C	, ,,				0		
	tax treaty were claimed with 3, enter the treaty and article			n which principal activity is conducted	activity		i	Functional currency
					CHARITAE	BLE		IIGD
2 Provide the following in	nformation for the FDE's or F		ISRAEL	stated above				USD
v	entifying number of branch		•	b Name and address (ir				cable) of person(s) with
in the United States				custody of the books records, if different	and records of	the FDE or FB,	and the	location of such books and
				AMERICAN NEAR E	AST REFU	JGEE AID		
				1111 14TH STREE		STE 400		
				WASHINGTON, DO	20005			
3 For the tax owner of the	ne FDE or FB (if different fro	m the filer) r	provide the t	l following (see instruc	tions):			
a Name and address		in the mer, p			,	covered by	the ret	urn (see instructions)
					ing ponod			
				c(1) U.S. identifyin	ıg number,	if any		
				c(2) Reference ID	number (se	e instruction	ns)	
				d Country under wh	ose laws or	ganized e	Funct	ional currency
4 For the direct owner of	of the FDE or FB (if different	from the tax	owner) pro	L wide the following (se	e instructio	ons):		
a Name and address			ownory, pro	b Country under v				
				,		5		
						I		
				c U.S. identifying	number, if	any d	Funct	ional currency
	that identifies the name, placement, pont ner and the FDE or FB, and the chain of Instructions.							

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C	Income Statement (see instructions)			
mportant: Repor	t all information in functional currency in accordance with U.S. GAAP.	Also, report each a	mount in U.S.	
lollars translated	from functional currency (using GAAP translation rules or the average	exchange rate dete	rmined under	
ection 989(b)). If	the functional currency is the U.S. dollar, complete only the U.S. Dolla	rs column. See inst	ructions for	
pecial rules for F	DEs or FBs that use DASTM.			
^f you are using th	e average exchange rate (determined under section 989(b)), check the	following box	·····	
		F	unctional Currency	U.S. Dollar
1 Gross rec	eipts or sales (net of returns and allowances)	1		38,284,752
2 Cost of g	oods sold	2		
	ofit (subtract line 2 from line 1)			38,284,752
4 Dividends	3			
5 Interest				
6 Gross rer	its, royalties, and license fees	6		
7 Gross inc	ome from performance of services			
	urrency gain (loss)			-2,575
	ome			4,839
	ome (add lines 3 through 9)			38,287,016
	uctions (exclude income tax expense)			42,988,661

			(a)	(b)
Sch	edule C-1 Section 987 Gain or Loss Information			
14 Net income (loss) per books		14		-4,711,323.
13 Other adjustments		13		
12 Income tax expense				
11	Total deductions (exclude income tax expense)	11		42,988,661.

	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		Amount stated in functional currency of FDE or FB	Amount functiona of rec	
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with respec	t to	remittances		
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the method	luse	d prior to		
	the change and new method of accounting				

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	161,326.	377,187.
2	Other assets	2	5,905,106.	1,599,887.
3	Total assets	3	6,066,432.	1,977,074.
	Liabilities and Owner's Equity			
4	Liabilities	4	2,234,143.	2,851,268.
5	Owner's equity	5	3,832,289.	874,194.
6	Total liabilities and owner's equity	6	6,066,432.	3,725,462.
Sch	edule G Other Information			

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		Х
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		х
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		x
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

	858 (Rev. 9-2020) edule G Other Information (continued)		Page
		Vee	Na
6-	During the tay year widths FDF as FD receive as econy to the receipt of any amounts defined as a	Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		x
b	and 6c Enter the total amount of the base erosion payments \$		
	Enter the total amount of the base erosion payments \$ Enter the total amount of the base erosion tax benefit \$		
с 7а	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
1a	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		x
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base crosion fayments ϕ		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
Ŭ	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
l0a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	N	A
b	If "Yes," enter the amount of the dual consolidated loss \$ ()		
1a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d) 1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$ ()		
с	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
l2a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
с	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year > \$ See Instructions		
3a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture > \$		

Form 8858 (Rev. 9-2020)

Form	3858 (Rev. 9-2020)			Page 4
Sch	edule H Current Earnings and Profits or Taxable Income (see instructions)			
Impor	tant: Enter the amounts on lines 1 through 6 in functional currency.			
1	Current year net income (loss) per foreign books of account	1	- 4	,711,323.
2	Total net additions	2		
3	Total net subtractions	3		
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-4	,711,323.
5	DASTM gain (loss) (if applicable)	5		
6	Combine lines 4 and 5	6	-4	,711,323.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average			
	exchange rate determined under section 989(b) and the related regulations (see instructions))			
8	Enter exchange rate used for line 7			
Sch	edule I Transferred Loss Amount (see instructions)			
Impor	tant: See instructions for who has to complete this section.			
			Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"			
	stop here. If "Yes," go to line 2			X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3	L		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		
Sch	edule J Income Taxes Paid or Accrued (see instructions)			
	Foreign Income Taxes Foreign Tax Credit Separate	- Cator	arias	

	Foreign Income Taxes			Foreign Tax Credit Separate Categories				
(a) Country or Possession	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other	
Totals								

Form 8858 (Rev. 9-2020)

Form 8858	Disreg	arded Entitie	s (FDEs) a	ons With Respect and Foreign Branc structions and the la	hes (FBs	Ĭ		OMB No. 1545-1910
(Rev. September 2020) Department of the Treasury Internal Revenue Service			E's or FB's	annual accounting pe and ending MAY 31			าร)	Attachment Sequence No. 140
Name of person filing this re		,	,			Filer	's iden	tifying number
AMERICAN NEAR EAST R	PENCER ATD					50	-08822	26
Number, street, and room of		umbor if mail is	a not dolivor	ad to stroot addross)		52-	-00022	.20
1111 14TH STREET, NW	-							
City or town, state, and ZIP WASHINGTON, DC 2000	5							
Filer's tax year beginning J	UN 1 ,2020	, and ending	MAY 31	, 20 21				
Important: Fill in all applica U.S. dollars unl	able lines and schedules. ess otherwise indicated.	All information	must be in	English. All amounts	must be s	tated in		
Check here FDE	of a U.S. person	FDE of a of	controlled fo	preign corporation (CF	-C)	FDE of	a contr	olled foreign partnership
X FB o	f a U.S. person	FB of a Cl	FC			FB of a	control	lled foreign partnership
Check here Initia	8858	Final 8858						
1a Name and address of FI					b(1) U.S.	. identifyir	ng numl	ber, if any
AMERICAN NEAR EAST R								
JABAL AMMAN - 24 RAI	NBOW ST				b(2) Refe	erence ID	numbe	r (see instructions)
AMMAN JORDAN 11118					ANERAJ	OB		· · · ·
c For FDE, country(ies) un	dor whoos lows organize	d and antity ty		al tax law			zation	e Effective date as FDE
C FOI FDE, Countrylies) un	der whose laws organize	o and entity typ		ai lax law	u Date(s)	of organi	2411011	
f If benefits under a U.S. t income of the FDE or FE				n which principal activity is conducted	h Principal business activity			i Functional currency
								USD
2 Provide the following in	formation for the FDE's	or FB's account	L ting period s	stated above				
a Name, address, and ide			•	b Name and address (in	cluding corpo	rate departm	ent, if app	licable) of person(s) with
in the United States	, .	0	()/	custody of the books records, if different	and records o	f the FDE or F	B, and th	e location of such books and
				AMERICAN NEAR E	AST REFU	JGEE AII	D	
				1111 14TH STREET, NW, STE 400				
				WASHINGTON, DC	20005			
	e FDE or FB (if different	from the filer), p	provide the f		,			
a Name and address				b Annual account	ing period	covered b	by the re	eturn (see instructions)
				c(1) U.S. identifyin	g number,	if any		
				c(2) Reference ID	number (se	e instruct	tions)	
				d Country under wh	ose laws or	ganized	e Fund	ctional currency
A Fault - Provid				utala dan Kallar (- i			
	f the FDE or FB (if differe	ent from the tax	owner), pro					
a Name and address				b Country under v	vnose laws	s organize	a	
				c U.S. identifying	number, if	any	d Fund	ctional currency
	nat identifies the name, placemer er and the FDE or FB, and the ch astructions.							f

For Paperwork Reduction Act Notice, see the separate instructions.

AMER	ICAN NEAR EAST REFUGEE AID			52-	0882226
Form	8858 (Rev. 9-2020)				Page 2
	edule C Income Statement (see instructions)				
Impo	rtant: Report all information in functional currency in accordance with U.S. GAAP. Al	so, report eac	h amount in U.S.		
dollar	s translated from functional currency (using GAAP translation rules or the average exc	change rate de	etermined under		
sectio	n 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars	column. See ii	nstructions for		
	al rules for FDEs or FBs that use DASTM.				
lf you	are using the average exchange rate (determined under section 989(b)), check the fo	llowing box			
		•	Functional Currency	U.S. [Dollar
1	Gross receipts or sales (net of returns and allowances)	1			166,801.
2	Cost of goods sold				
3	Gross profit (subtract line 2 from line 1)				166,801.
4	Dividends	4			
5	Interest				
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services				
8	Foreign currency gain (loss)				
9	Other income				
10	Total income (add lines 3 through 9)				166,801.
11	Total deductions (exclude income tax expense)				196,081.
12	Income tax expense				
13	Other adjustments				
14	Net income (loss) per books				-29,280.
Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functiona	b) stated in I currency cipient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient				
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				

5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to
 the change and new method of accounting

 Schedule F
 Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	642.	0.
2	Other assets	2	1.	918.
3	Total assets	3	643.	918.
	Liabilities and Owner's Equity			
4	Liabilities	4	1,040,817.	1,070,371.
5	Owner's equity	5	-1,040,174.	-1,040,174.
6	Total liabilities and owner's equity	6	643.	30,197.
Sch	edule G Other Information			

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		Х
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		х
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		x
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?	0050	Х

	858 (Rev. 9-2020) edule G Other Information (continued)		Page
		Vee	Na
6-	During the tay year widths FDF as FD receive as econy to the receipt of any amounts defined as a	Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		x
b	and 6c Enter the total amount of the base erosion payments \$		
	Enter the total amount of the base erosion payments \$ Enter the total amount of the base erosion tax benefit \$		
с 7а	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
1a	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		x
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base crosion fayments ϕ		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
Ŭ	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
l0a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	N	A
b	If "Yes," enter the amount of the dual consolidated loss \$ ()		
1a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d) 1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$ ()		
с	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
l2a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
с	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year > \$ See Instructions		
3a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture > \$		

Form 8858 (Rev. 9-2020)

Form 8	3858 (Rev. 9-2020)			Page 4
Sch	edule H Current Earnings and Profits or Taxable Income (see instructions)			
Impor	tant: Enter the amounts on lines 1 through 6 in functional currency.			
1	Current year net income (loss) per foreign books of account	1		-29,280.
2	Total net additions	2		
3	Total net subtractions	3		
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4		-29,280.
5	DASTM gain (loss) (if applicable)	5		
6	Combine lines 4 and 5	6		-29,280.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average			
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7		-29,280.
8	Enter exchange rate used for line 7 1.000000			
Sch	edule I Transferred Loss Amount (see instructions)			
Impor	tant: See instructions for who has to complete this section.			
			Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"			
	stop here. If "Yes," go to line 2			Х
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3			
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4	. <u></u>		
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		

Schedule J Income Taxes Paid or Accrued (see instructions)

	F	oreign Income Tax	es	Foreign Tax Credit Separate Categories				
(a) Country or Possession	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other	
Totals								

Form 8858 (Rev. 9-2020)

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

Attach to Form 8858.
 Go to www.irs.gov/Form8858 for instructions and the latest information.

OMB No. 1545-1910

Name of person filing Form 8858	Identifying number				
AMERICAN NEAR EAS	52-0882226				
Name of FDE or FB	U.S. identifying number, if any		Reference ID number (see instructions)		
AMERICAN NEAR EAST REFUGEE AID JORDAN	ANERA		ANERALEB		
Name of tax owner	U.S	U.S. identifying number, if any			
AMERICAN NEAR EAST REFUGEE AID	52-	52-0882226			

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions. 1,00000

Enter the relevant functional currency and the exchange rate used throughout this schedule VINITED STATES, DOLLAR

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

	s i unough is with respect to the ap		neadings.			
	Controlled Foreign Partnership		(c) Any domestic	(d) Any foreign corporation or partnership	(e) Any U.S. person with a 10% or more	
	(a) Transactions of FDE or FB	(b) U.S. person filing this return	corporation or partnership controlling or controlled by the filer	controlling or controlled by the filer (other than the tax owner)	direct interest in the controlled foreign partnership (other than the filer)	
	Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X	U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
	Sales of inventory Sales of property rights					
	Compensation received for certain services					
4	Commissions received					
5	Rents, royalties, and license fees received					
6	Dividends/Distributions received					
7	Interest received					
8 9	Other Add lines 1 through 8					
10	Purchases of inventory					
11	Purchases of tangible property other than inventory					
12	Purchases of property rights					
13	Compensation paid for certain services					
14	Commissions paid					
	Rents, royalties, and license fees paid					
	Interest paid Add lines 10 through 16					
18	Amounts borrowed (see instructions)					
19	Amounts loaned (see instructions)					
ιц	For Paperwork Reduction Act No	ntice see the Instruct	ions for Form 8858		Schedule M (Form	8858) (Rev. 12-2018)

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

Attach to Form 8858.

OMB No. 1545-1910

Internal Revenue Service Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person ming Form 6656	Identifying humber			
AMERICAN NEAR EAST	52-0882226			
Name of FDE or FB	U.S. identifying number, if any Reference ID number (ee instructions)	
AMERICAN NEAR EAST REFUGEE AID JERUSALEM				
Name of tax owner	U.S. ider	U.S. identifying number, if any		
AMERICAN NEAR EAST REFUGEE AID	52-0882	52-0882226		

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions. 1,00000

Enter the relevant functional currency and the exchange rate used throughout this schedule VNITED STATES, DOLLAR

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

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Controlle	d Foreign Partnership		(c) Any domestic	(d) Any foreign corporation or	(e) Any U.S. person with a 10% or more	
	ransactions of FDE or FB	(b) U.S. person filing this return	corporation or partnership controlling or controlled by the filer	partnership controlling or controlled by the filer (other than the tax owner)	direct interest in the controlled foreign partnership (other than the filer)	
(a) ⊺	d Foreign Corporation ransactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
• •	Owner iransactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
 Sales of involution Sales of pro 	entory perty rights					
certain servi	ion received for					
4 Commission	ns received					
	ties, and license d					
6 Dividends/D received	Distributions					
7 Interest rece	eived					
8 Other						
	through 8					
10 Purchases of	of inventory					
	of tangible property nventory					
12 Purchases of	of property rights					
	ion paid for certain					
14 Commission	ns paid					
	ties, and license					
	ł					
17 Add lines 10						
18 Amounts bo instructions						
19 Amounts loa instructions						
	rwork Reduction Act N	otico, coo the Instruct	tions for Form 8858		Schodulo M (Form	8858) (Rov 12-2018)

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

Attach to Form 8858.
 Go to www.irs.gov/Form8858 for instructions and the latest information.

OMB No. 1545-1910

Name of person filing Form 8858	Identifying number			
AMERICAN NEAR EAS	52-0882226			
Name of FDE or FB	U.S. identifying number, if any	Reference ID number (see instructions)		
AMERICAN NEAR EAST REFUGEE AID JORDAN	ANERAJOR			
Name of tax owner AMERICAN NEAR EAST REFUGEE AID		U.S. identifying number, if any 52-0882226		
	1.2.1.1			

Important: Complete a **separate** Schedule *M* for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions. 1,00000

Enter the relevant functional currency and the exchange rate used throughout this schedule VINITED STATES, DOLLAR

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

	s i through is with respect to the ap	plicable set of column	neaulitys.			
	Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other	
	Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	tax owner) (d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	than the filer) (e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X	U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	owner.
	Sales of inventory Sales of property rights					
	Compensation received for certain services Commissions received					
	Rents, royalties, and license fees received					
-	Dividends/Distributions received					
8	Interest received Other Add lines 1 through 8					
	Purchases of inventory					
11	Purchases of tangible property other than inventory					
12	Purchases of property rights					
13	Compensation paid for certain services					
14	Commissions paid					
15	Rents, royalties, and license fees paid					
	Interest paid Add lines 10 through 16					
18	Amounts borrowed (see instructions)					
	Amounts loaned (see instructions)					
ТН	Eor Paperwork Reduction Act N	otica saa tha Instruct	tions for Form 8858		Schedule M (Form	8858) (Boy 12-2018)

AMERICAN NEAR EAS	T REFUGEE AID
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52-0882226

FORM 8858	ORGANIZATIONAI	STATEMENT 1	
NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP		COUNTRY ORGANIZEI
TAX CLASSIFICATION			
AMERICAN NEAR EAST REFUGEE AI DOMESTIC ENTITY ELECTING TO		LEBANON	US
ANERA LABANON			LE
ATTACHMENT FOR FORM 8858, LIN	E 5 ORGANIZATIONAI	CHART	STATEMENT 2
NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZEI
TAX CLASSIFICATION			
AMERICAN NEAR EAST REFUGEE AI DOMESTIC ENTITY ELECTING TO		JERUSALEM	US

ANERA JERUSALEM

US

ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858	ORGANIZATIONAL CH	STATEMENT 3		
NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED	
TAX CLASSIFICATION				

AMERICAN NEA	R EAST	REFUGEE	AII) (100.0000%	1(800	OWNER OF	ANERA	US
						J	ORD.	AN		
DOMESTIC E	NTITY	ELECTING	то	ΒE	CLASSIFIED	AS	Α	CORPORATIO	ON	

ANERA JORDAN

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ATTACHMENT FOR FORM 8858, LINE 5