

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

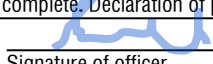
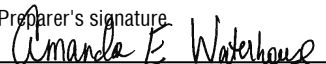
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN NEAR EAST REFUGEE AID		D Employer identification number 52-0882226
	Doing business as ANERA		E Telephone number 202-266-9700
	Number and street (or P.O. box if mail is not delivered to street address) 1111 14TH STREET, NW	Room/suite 400	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		G Gross receipts \$ 101,821,814.
F Name and address of principal officer: SEAN CARROLL SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: ▶ WWW.ANERA.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1968		M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADDRESS DEVELOPMENT/HUMANITARIAN NEEDS OF PALESTINIANS AND OTHER COMMUNITIES IN THE MIDDLE EAST.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	40
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 112,358,499.	Current Year 100,551,928.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,889.	224,644.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37,968.	-23,916.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,473,420.	100,752,656.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	97,297,541.	95,958,087.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,895,929.	6,658,254.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,159,772.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,954,240.	5,130,546.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,147,710.	107,746,887.	
19 Revenue less expenses. Subtract line 18 from line 12	5,325,710.	-6,994,231.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,367,034.	End of Year 22,548,003.
	21 Total liabilities (Part X, line 26)	7,170,332.	7,564,982.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,196,702.	14,983,021.

Part II Signature Block

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

Sign Here	Signature of officer 	Date Dec. 1, 2022			
	SEAN CARROLL, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA E. WATERHOUSE	Preparer's signature 	Date 11/30/22	Check if self-employed <input type="checkbox"/>	PTIN P02014004
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 336-272-4551		
Firm's address ▶ 230 N ELM ST, STE 1100 GREENSBORO, NC 27401					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 86,549,892. including grants of \$ 84,440,165.) (Revenue \$) HEALTH & RELIEF: RECEIVED 111 SHIPMENTS OF MEDICINES AND HEALTHCARE SUPPLIES VALUED AT \$76.6 MILLION. PURCHASED 6,665 DOSES WHICH TREATED 600 CANCER PATIENTS IN LEBANON. | IN GAZA, DELIVERED TO AL SHIFA HOSPITAL 342 DOSES OF CAPECITABINE TO TREAT PATIENTS WITH COLON, METASTATIC COLORECTAL, AND METASTATIC BREAST CANCERS. | SUPPORTED 22 FUTURE NURSES IN LEBANON WITH INTENSIVE TRAINING SCHOLARSHIPS. | INSTALLED SOLAR POWER PANELS ON 20 HEALTHCARE AND COMMUNITY CENTERS IN LEBANON, ENSURING STABLE ELECTRICITY SUPPLIES FOR THE 138,670 PEOPLE WHO RELY ON THEIR SERVICES. | DELIVERED 108,400 HOT MEALS TO THOUSANDS OF DISPLACED FAMILIES AND OTHERS AFFECTED BY THE BOMBINGS OF GAZA IN MAY 2021. | PROVIDED 4,500 MEALS IN JORDAN THROUGH A COMBINATION OF DOOR-TO-DOOR DISTRIBUTIONS AND IFTAR GATHERINGS. | PAID 2,031 YOUTHS IN

4b (Code:) (Expenses \$ 8,412,078. including grants of \$ 5,312,049.) (Revenue \$) EDUCATION: 825 OUT-OF-SCHOOL YOUTH ATTENDED OUR ARABIC, MATH, AND ENGLISH COURSES IN LEBANON | 2,031 YOUTH COMPLETED VOCATIONAL TRAINING COURSES IN LEBANON. STUDENTS DEVELOPED EMPLOYABLE SKILLS IN FIELDS LIKE IT, CONSTRUCTION, HEALTHCARE, SEWING AND AGRICULTURE. COMPLETED CONSTRUCTION OF THREE NEW KINDERGARTENS AND REFURBISHED AN EXISTING PRESCHOOL IN PALESTINE. | PROVIDED HEALTHY MEALS FOR 1,400 PRESCHOOL CHILDREN IN 12 GAZA PRESCHOOLS. | 19 PRESCHOOL TEACHERS IN PALESTINE COMPLETED 20 DAYS OF TRAINING COVERING KEY EARLY CHILDHOOD EDUCATION TOPICS. | PROVIDED 54 PRESCHOOL TEACHERS IN GAZA WITH SPECIALIST TRAINING IN EXPRESSIVE ARTS. | ADDED A NEW FLOOR ON THE ROSARY SISTERS SCHOOL WITH FIVE NEW CLASSROOMS THAT PROVIDE THE ROOM FOR STUDENTS TO COMPLETE SECONDARY SCHOOL IN GAZA. | BUILT A MULTIPURPOSE EDUCATIONAL

4c (Code:) (Expenses \$ 8,190,633. including grants of \$ 6,205,873.) (Revenue \$) COMMUNITY DEVELOPMENT: INSTALLED OVER FIVE MILES OF PIPES AND CONNECTED 240 HOMES TO WATER SUPPLIES IN BEIT HANOUN, GAZA. | UPGRADED THE GAZA SPORTS CLUB, INSIDE AND OUTSIDE, INCLUDING SOCCER FIELDS, BASKETBALL COURTS, TENNIS COURTS, AND A RUNNING TRACK. | INSTALLED WATER-SAVING GREENHOUSES ON 15 ROOFTOPS IN THE WEST BANK AND 7 IN GAZA. | REPAIRED 183 ACRES OF GREENHOUSES BELONGING TO 316 SMALL-SCALE GAZA FARMERS. | REHABILITATED 98 BARNs FOR SMALL-SCALE GAZA FARMERS. | PROVIDED 113 WOMEN ENTREPRENEURS FROM 32 WEST BANK VILLAGES WITH MATERIALS, EQUIPMENT AND TRAINING TO GROW OR START SMALL BUSINESSES. | ERECTED 17 WATER DESALINATION UNITS, OPERATED BY SOLAR PANELS, AT HEALTH, EDUCATIONAL, AND COMMUNITY CENTERS ACROSS GAZA, GIVING 75,000 PATIENTS, STUDENTS, ATHLETES AND OTHERS ACCESS TO CLEAN WATER AT THE TAP. |

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

4e Total program service expenses 103,152,603.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included on line 1a, above, who are independent (34); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DONNA L. DIANE, CFO - 202-266-9700 1111 14TH STREET, NW, 400, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN CARROLL PRESIDENT AND CEO	35.00			X			260,502.	0.	82,401.	
(2) DONNA L. DIANE CFO	35.00			X			188,406.	0.	36,981.	
(3) JOHN BYRNE COUNTRY DIRECTOR THROUGH 11/12/21	35.00					X	166,017.	0.	18,429.	
(4) ELIZABETH DEMAREST VP, COMMUNICATIONS	35.00			X			132,695.	0.	26,912.	
(5) SAMAR EL YASSIR COUNTRY DIRECTOR	35.00					X	141,316.	0.	9,238.	
(6) SAMANTHA MOLT DIRECTOR OF ACCOUNTING	35.00					X	115,501.	0.	34,772.	
(7) JOSEPH SABA CHAIR	1.00	X		X			0.	0.	0.	
(8) GRACE TOMPKINS VICE-CHAIR	1.00	X		X			0.	0.	0.	
(9) SANAA ABOUZAIID SECRETARY	1.00	X		X			0.	0.	0.	
(10) LAWRENCE A. HAMDAN TREASURER	1.00	X		X			0.	0.	0.	
(11) ROBERT ANTON MERTZ, PHD DIRECTOR UNTIL 10/2021	1.00	X					0.	0.	0.	
(12) ROBERT H. TRICE, PHD DIRECTOR	1.00	X					0.	0.	0.	
(13) JAMES ABDO DIRECTOR	1.00	X					0.	0.	0.	
(14) JIHAN ADONI DIRECTOR	1.00	X					0.	0.	0.	
(15) AHMAD ASHKAR DIRECTOR UNTIL 10/2021	1.00	X					0.	0.	0.	
(16) DR. GRACE BALIUNAS AUSTIN DIRECTOR UNTIL 10/2021	1.00	X					0.	0.	0.	
(17) ZEINA AZZAM DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERESA BARGER DIRECTOR	1.00	X						0.	0.	0.
(19) NADER BARAKAT DIRECTOR	1.00	X						0.	0.	0.
(20) JUDY BARSALOU, PHD DIRECTOR	1.00	X						0.	0.	0.
(21) KENNETH H. CLOSE DIRECTOR	1.00	X						0.	0.	0.
(22) FARIS EID DIRECTOR UNTIL 10/2021	1.00	X						0.	0.	0.
(23) LEENA EL-ALI DIRECTOR UNTIL 10/2021	1.00	X						0.	0.	0.
(24) MATT HADDAD DIRECTOR	1.00	X						0.	0.	0.
(25) PINEY KESTING DIRECTOR	1.00	X						0.	0.	0.
(26) RANIA KIBLAWI DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,004,437.	0.	208,733.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,004,437.	0.	208,733.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COOPERATIVE SOCIETY FOR SAVING & LENDING, ZIMMO STREET, BEIT HANOUN, N/A, OTHER	MEAL PREPARATION	455,872.
AHDAB & TRADING COMPANCY A.C.T.C, AL TAL, AHDAB BUILDING, TRIPOLI, N/A, LEBANON	SUPPLY OF FOOD PARCELS	409,111.
DIWAN MART SAL, MAIN ROAD, KHALDEH, MOUNT LEBANON, N/A, LEBANON	SUPPLY OF FOOD PARCELS	362,239.
MAROUN EDWARD HRAWI MAIN ROAD, METN, BEIT MERY, N/A, LEBANON	SUPPLY OF HYGIENE MATERIALS	354,341.
ESPER DAABOUL STORE FOR TRADING, MAIN ROAD, ESPER DAABOUL BUILDING, ANFEH, N/A,	SUPPLY OF FOOD PARCELS	233,861.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ALFRED KHOURY, MD DIRECTOR	1.00	X					0.	0.	0.	
(28) NABIL KHOURY, MD DIRECTOR	1.00	X					0.	0.	0.	
(29) SAMAR LANGHORNE DIRECTOR	1.00	X					0.	0.	0.	
(30) JEFFREY MANSOUR DIRECTOR	1.00	X					0.	0.	0.	
(31) TAHIRAH MOUSA DIRECTOR	1.00	X					0.	0.	0.	
(32) KATHLEEN RIDOLFO DIRECTOR	1.00	X					0.	0.	0.	
(33) FRED ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(34) KATHLEEN ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(35) JAMES K. SAMS DIRECTOR	1.00	X					0.	0.	0.	
(36) MURAD M. SIAM DIRECTOR	1.00	X					0.	0.	0.	
(37) DAVID SPRAGUE, PHD DIRECTOR	1.00	X					0.	0.	0.	
(38) KATHERINE WILKENS DIRECTOR UNTIL 10/2021	1.00	X					0.	0.	0.	
(39) MOURAD ELAYAN DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(40) TAREK GHANDOUR DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(41) JOHN GURLEY DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(42) ALISON HILLS DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(43) MONA NAFFA DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(44) MAMOON SBEIH DIRECTOR FROM 10/2021	1.00	X					0.	0.	0.	
(45) GEORGE DOUMAR EX-OFFICIO FROM 10/2021	1.00	X					0.	0.	0.	
(46) OMAR ZALATIMO DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	324,756.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,928,970.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	96,298,202.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 76,275,056.				
	h Total. Add lines 1a-1f		100,551,928.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		189,165.			189,165.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,045,966.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,010,487.				
	c Gain or (loss)	7c	35,479.				
	d Net gain or (loss)		35,479.			35,479.	
8 a Gross income from fundraising events (not including \$ 324,756. of contributions reported on line 1c). See Part IV, line 18	8a		23,500.				
			58,671.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-35,171.			-35,171.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	6,701.		6,701.	
	b CREDIT CARD REWARDS		900099	4,554.		4,554.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			11,255.			
12 Total revenue. See instructions			100,752,656.	0.	0.	200,728.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	95,958,087.	95,958,087.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	718,911.	416,650.	222,725.	79,536.
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	3,984,588.	2,404,779.	1,170,989.	408,820.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,640.	28,091.	66,086.	28,463.
9 Other employee benefits	1,659,580.	1,076,284.	443,412.	139,884.
10 Payroll taxes	172,535.	38,065.	96,433.	38,037.
11 Fees for services (nonemployees):				
a Management				
b Legal	98,792.	30,020.	68,525.	247.
c Accounting	209,095.	10,892.	198,203.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,597.		50,597.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	879,805.	215,004.	373,449.	291,352.
12 Advertising and promotion	68,174.	1,107.	22,154.	44,913.
13 Office expenses	933,946.	716,340.	123,897.	93,709.
14 Information technology	55,027.	2,039.	52,988.	
15 Royalties				
16 Occupancy	580,559.	326,276.	254,283.	
17 Travel	446,750.	293,579.	126,576.	26,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	106,447.	35,215.	64,680.	6,552.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,110.	44,902.	33,208.	
23 Insurance	59,042.		59,042.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TECHNICAL ASSISTANCE	1,553,151.	1,547,817.	5,334.	
b OTHER EXPENSES	11,051.	7,456.	1,931.	1,664.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	107,746,887.	103,152,603.	3,434,512.	1,159,772.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	15,842.
	2 Savings and temporary cash investments	11,945,360.	2	7,043,652.
	3 Pledges and grants receivable, net	287,756.	3	955,566.
	4 Accounts receivable, net	515,783.	4	780,834.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,092,903.	8	4,192,583.
	9 Prepaid expenses and deferred charges	244,051.	9	252,701.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 877,963.		
	b Less: accumulated depreciation	10b 613,255.		
	11 Investments - publicly traded securities	3,439,523.	11	6,582,248.
	12 Investments - other securities. See Part IV, line 11	304,936.	12	678,336.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,365,270.	15	1,781,533.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,367,034.	16	22,548,003.	
Liabilities	17 Accounts payable and accrued expenses	1,944,632.	17	2,626,303.
	18 Grants payable	2,691,225.	18	2,863,713.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,534,475.	25	2,074,966.
	26 Total liabilities. Add lines 17 through 25	7,170,332.	26	7,564,982.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,649,451.	27	11,590,882.
	28 Net assets with donor restrictions	3,547,251.	28	3,392,139.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,196,702.	32	14,983,021.
33 Total liabilities and net assets/fund balances	29,367,034.	33	22,548,003.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,752,656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,746,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,994,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,196,702.
5	Net unrealized gains (losses) on investments	5	-210,781.
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	-8,669.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,983,021.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,335,535.	55,918,729.	100,144,782.	112,358,499.	100,551,928.	438,309,473.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	69,335,535.	55,918,729.	100,144,782.	112,358,499.	100,551,928.	438,309,473.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,180,716.
6 Public support. Subtract line 5 from line 4.						434,128,757.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	69,335,535.	55,918,729.	100,144,782.	112,358,499.	100,551,928.	438,309,473.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	109,677.	258,487.	190,676.	99,137.	189,165.	847,142.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,285.	10,936.	35,490.	8,603.	34,755.	114,069.
11 Total support. Add lines 7 through 10						439,270,684.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.81 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

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

OTHER EXCLUDED INCOME

2017 AMOUNT: \$ 24,285.

2018 AMOUNT: \$ 10,936.

2019 AMOUNT: \$ 35,490.

2020 AMOUNT: \$ 8,603.

2021 AMOUNT: \$ 11,255.

GROSS INCOME FROM FUNDRAISING EVENTS

2021 AMOUNT: \$ 23,500.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>15,451,109.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>44,693,620.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,313,297.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,092,787.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,608,886.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>5,829,133.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 4,511,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,150,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 15,451,109.	05/31/22
2	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 44,693,620.	05/31/22
3	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 4,313,297.	05/31/22
4	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 3,092,787.	05/31/22
5	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 3,608,886.	05/31/22
	<hr/> <hr/> <hr/>	\$	

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,836,866.	3,454,196.	3,319,196.	3,212,154.	3,029,132.
b Contributions	32,120.	544,693.	234,609.	388,033.	183,022.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	174,796.	162,023.	99,609.	280,991.	
f Administrative expenses					
g End of year balance	3,694,190.	3,836,866.	3,454,196.	3,319,196.	3,212,154.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.1930 %
 - b Permanent endowment 2.8070 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		196,927.	190,386.	6,541.
e Other		681,036.	422,869.	258,167.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				264,708.

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	107,381.
(2) RIGHT OF USE ASSETS	1,674,152.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,781,533.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	106,617.
(3) LEASE OBLIGATIONS	1,968,349.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,074,966.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	100,541,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-210,781.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-8,669.	
e	Add lines 2a through 2d		2e	-219,450.
3	Subtract line 2e from line 1		3	100,760,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,597.	
b	Other (Describe in Part XIII.)	4b	-58,671.	
c	Add lines 4a and 4b		4c	-8,074.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	100,752,656.

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

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

1	Total expenses and losses per audited financial statements		1	107,754,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	58,671.	
e	Add lines 2a through 2d		2e	58,671.
3	Subtract line 2e from line 1		3	107,696,290.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,597.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	50,597.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	107,746,887.

Part XIII Supplemental Information.

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

PART V, LINE 4:

BOARD DESIGNATED NET ASSETS: AS OF MAY 31, 2022, BOARD DESIGNATED NET

ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE

\$3,590,487. 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 05/31/2022 WERE IN THE AMOUNT OF \$103,703.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT	-8,669.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	-58,671.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	58,671.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	10	133	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES AND BENEFITS, PROFESSIONAL FEES, TELEPHONE, ETC.	5,678,276.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,553,151.
MIDDLE EAST AND NORTH AFRICA	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	2,489.
MIDDLE EAST AND NORTH AFRICA	0	0	ADMINISTRATION, COMMUNICATIONS AND FINANCE	TRAVEL EXPENSES	48,173.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	TRAVEL EXPENSES	5,594.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,644.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		95,942,443.
3 a Subtotal	10	133			103,245,770.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	133			103,245,770.

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

Schedule F (Form 990) 2021

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	15,644.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD PACKAGES	62,852.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF FOOD VOUCHERS	10,648.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF RO UNITS	127,284.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPERVISION FEES	60,796.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEDICINE	21,291.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEDICINE	101,662.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	86,702.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 254

3 Enter total number of other organizations or entities ► 139

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FURNITURE FOR KG	5,625.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOME RENOVATION	19,738.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF QURBANI	193,185.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TOYS FOR KGS	5,260.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CLINIC REPAIRS	17,073.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLAR PANEL INSTALLATION	45,057.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF HYGIENE KITS	213,806.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD VOUCHERS	22,367.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	18,390.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT BIRZEIT UNIVERSITY	50,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SCHOOL CONSTRUCTION AND REHABILITATION	66,776.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	11,340.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	11,429.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROJECT DESIGN AND SUPERVISION	38,114.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPERVISION FEES FOR WATER PROJECTS	20,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEALS	515,650.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF PRINTINGS	32,553.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FURNITURE FOR KG	104,462.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	WATER WELL REHABILITATION & NETWORK CONSTRUCTION	122,432.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	NETWORK CONSTRUCTION	165,054.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION GAZA SPORT CLUB AND PLAYGROUND	482,758.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF STATIONERY	15,187.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT EDWARD SAID CONSERVATORY	340,400.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSULTANT FEES	13,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WATER NETWORK CONSTRUCTION	316,464.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF UNLIMITED FRIENDS ASSOCIATION KINDERGARTEN	512,680.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CLOTHING VOUCHERS	66,514.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF ROOFTOPS AND GREENHOUSES	171,317.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROJECT DESIGN AND SUPERVISION	58,135.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	16,470.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF KITCHEN SUPPLIES	27,612.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURAL SUPPLIES	6,610.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PHOTO SUPPLIES	5,050.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	KITHCHEN UTILITIES	9,506.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEALS WCK	75,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WASTE WATER NETWORK	151,715.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	COST OF FOOD VOUCHERS	10,583.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEDICINE	29,158.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	110,832.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES & SUPPLIES	70,119.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLAR PANEL	45,782.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS	22,658.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	WATE WATER NETWORK	34,194.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS OF RAFAH -GAZA STRIP	104,569.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS OF DIR EL BALAH-GAZA	161,326.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS OF KHAN YOUNIS- GAZA	26,144.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	KG CONSTRUCTION	141,033.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	KG CONSTRUCTION	69,771.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF CURTAINS	7,292.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REVERSE OSMOSIS SYSTEMS	152,690.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD VOUCHERS	986,744.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF SHEEP	30,740.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPLY OF SHEEP & KITCHEN EQUIPMENT	10,645.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT RAWDAT AL-ZUHUR	5,035.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF KG	45,518.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF ADHA MEAT	171,720.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION OF KG	48,984.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS OF BEIT HANOUN- GAZA	648,462.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF BEAUTY EQUIPMENTS	6,972.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLAR PANELS	51,371.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REHABILITATION OF HOUSHOLDS	40,612.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FIELD MONITOR	6,050.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEDICINE	27,510.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SOLAR PANELS	5,720.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COST OF MEALS & ORPHANS SPONSERSHIPS	96,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GREENHOUSES	191,139.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT YABOUS CENTER	20,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		112,712.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		700,378.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		517,682.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		694,922.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,010,948.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		14,855.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		62,736.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		134,896.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		39,931.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,053,459.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,774,846.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		458,161.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,772,837.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		100,196.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,200.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		223,516.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		99,488.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		811,725.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		409,769.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,872,123.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		21,512.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		18,142.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,047.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		154,097.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,945,689.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,108,109.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		18,997,719.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		951,023.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		139,744.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		52,646.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		675,448.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,272,248.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		956,099.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,013,150.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		448,692.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		19,951.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		737,196.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		158,874.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,344.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		469,360.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		136,728.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		116,300.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,780.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,872.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		789,127.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,489.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,175.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		11,677.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		48,276.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		130,118.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		519,615.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,188,732.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		353,354.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		745,774.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		20,496.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		129,728.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES AND CASH-FOR-EMPLOYABILITY	43,152.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPLIER, PURCHASED FRESH FOOD VOUCHERS THAT WERE DISTRIBUTED TO BENEFICIARIES	291,200.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	15,700.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPLIER WHOM WE BUY OFFICE SUPPLIES FROM	12,291.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION WORKS FOR THE RENTED WAREHOUSE IN THE BEKAA AREA	10,080.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONTRACTOR - PROVIDES US WITH SOLAR AND SHELTER INSTALLATION SERVICES	28,345.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONTRACTED PARTNER FOR THE INTERNATIONAL PROCUREMENT OF MEDICINE	236,883.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPLIER - FOOD PARCELS	177,644.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	5,428.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	DIRECT BENEFICIARIES (GIRL STUDENTS) BENEFITING FROM THE SAMA - PREVENTION OF	164,250.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	8,899.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SERVICE PROVIDER - IMPLEMENTATION OF BUSINESS COURSES TO STUDENTS BENEFITING	15,050.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF STEEL BINS DISTRIBUTED TO MUNICIPALITIES IN THE BEKAA AREA	113,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	STEEL WIRES SUPPLIER	7,392.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BATTERIES AND MACHINERIES SUPPLIER	18,869.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	COMMUNICATION AND VISIBILITY SERVICES	5,110.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MACHINERY TIRES SUPPLIER	6,320.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF ULTRASOUNDS UNITS (MEDICAL EQUIPMENT)	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	5,122.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF MEDICATIONS	6,081.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROJECT CONSULTING	10,000.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURE SUPPLIER	5,544.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONTRACTOR FOR SHELTER AND CONSTRUCTION	153,398.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLAR POWER CONTRACTOR	7,641.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PRINTING SERVICES	5,037.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	10,669.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	7,180.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES SUPPLIER	25,279.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT BLAST CONTRACTOR	92,642.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES AND MAPPING OF DONORS SERVICES	57,270.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	19,378.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT BLAST CONTRACTOR	7,863.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVIDING SHELTER AND SOLAR INSTALLATIONS	112,993.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	8,924.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	16,242.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BEIRUT BLAST CONTRACTOR	43,505.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF MEDICAL EQUIPMENT	15,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVIDE SHELTER AND SOLAR INSTALLATION SERVICES	71,724.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVIDE SHELTER AND SOLAR INSTALLATION SERVICES	20,980.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROVIDE SHETLER AND MAINTENANCE SERVICES	83,269.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER SERVICES	64,194.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER AND SOLAR INSTALLATION SERVICES	184,010.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER SERVICES	21,237.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	6,804.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURE SUPPLIES PROVIDER	11,213.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	18,002.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	7,440.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	9,880.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	7,220.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF VACCINATION MEDICAL REFRIGERATOR	12,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURE SUPPLIES AND EQUIPMENT PROVIDER	58,869.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD SERVICES SUPPLIER	13,319.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROCUREMENT OF IT SUPPLIES	210,376.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF FOOD SECURITY PROJECTS	9,084.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF SEWING COURSES AND WINTERIZATION KITS	125,055.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	154,308.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS PROVIDER	5,199.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FOOD PARCELS PROVIDER	504,848.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD PARCELS PROVIDER	145,423.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS PROVIDER	5,374.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	47,383.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD PARCELS PROVIDER	131,344.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD PARCELS PROVIDER	164,385.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	236,835.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SUPPLIES SUPPLIER	12,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PRINTING SUPPLIER	13,621.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	44,646.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVIDING SHELTER SERVICES	27,930.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROVIDING SHELTER SERVICES	12,651.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	28,458.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL SERVICES AND SOLAR PROVIDER	45,640.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENT FOOD SECURITY PROJECTS	6,326.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PPES AND LOGISTIC ITEMS SUPPLIER	13,326.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PLASTIC ITEMS SUPPLIER (BINS, TABLES...)	8,207.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	25,046.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	17,786.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	27,239.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER AND CONSTRUCTION SERVICES	18,464.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL COURSES	67,410.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	140,471.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	OFFICE FURNITURE SUPPLIER	9,160.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	34,772.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	7,236.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL COURSES	50,471.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	56,206.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	79,346.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	28,407.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	73,949.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MACHINERY SUPPLIER	7,300.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	7,070.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	18,023.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	38,664.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	48,472.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	16,212.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SHELTER AND SOLAR SERVICES	308,668.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	22,492.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	54,430.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,594.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,887.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		19,148.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,008.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,241.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,258.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,356.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,448.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,523.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,656.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,687.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,738.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,808.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,831.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,867.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,993.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,169.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,226.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,348.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,446.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,446.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,446.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,446.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,535.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,546.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,647.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,665.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,776.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,903.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,999.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,110.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,271.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,449.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,012.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,024.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,082.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,848.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,859.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,967.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,103.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,467.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,097.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,180.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,417.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,906.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,910.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		11,178.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		11,712.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		12,348.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		12,628.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		12,858.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,002.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,038.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,234.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,435.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,537.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,722.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,731.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		14,297.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		14,826.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		14,841.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		15,826.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		15,826.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,664.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		18,481.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		18,939.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		19,015.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		19,310.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		19,570.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		20,272.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		20,640.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		22,420.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		24,065.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		24,358.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		25,726.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		26,275.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		26,536.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		30,679.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,281.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,425.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,766.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		32,215.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		32,442.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		34,228.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		34,451.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		34,588.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,204.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,325.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,325.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,590.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		36,414.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		36,466.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		36,655.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		37,064.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		41,142.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,018.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,504.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,721.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		43,948.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		45,761.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		48,789.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		48,890.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		49,396.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		50,875.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		52,990.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		53,198.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		54,882.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		57,526.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		57,984.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		58,287.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		61,138.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		61,484.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		62,112.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		62,576.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		68,332.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		69,227.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		71,968.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		73,308.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		79,478.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		81,621.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		82,532.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		84,089.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		84,744.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		85,895.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		86,103.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		87,404.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,347.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		94,851.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		108,606.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		112,065.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		113,947.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		114,008.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		122,017.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		125,885.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		126,196.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		157,918.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		167,193.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		183,727.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		187,809.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		199,897.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		203,178.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		244,101.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		252,093.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		275,259.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		299,509.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		362,595.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		381,647.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		384,835.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		390,670.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		432,679.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		528,362.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		569,864.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		840,218.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,363,107.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,487,706.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,560,305.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,588,358.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,025,306.	MEDICAL AND SOCIAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		4,712,696.	MEDICAL AND SOCIAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,068,127.	MEDICAL AND SOCIAL SUPPLIES	FMV

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

ANERA VETS FUNDERS AND PROJECT PARTNERS WITH A SERIES OF INTERNAL
CONTROLS. THESE ACTIONS INCLUDE A VARIETY OF ELECTRONIC ANTI-TERRORISM
AND SANCTIONS FILTERS INCLUDING THOSE RELATED TO THE DEPARTMENT OF
TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL AND THE U.S. GOVERNMENT
SYSTEM FOR AWARD MANAGEMENT. FIELD OFFICES ALSO QUALIFY PARTNERS BASED ON
SKILL SETS AND PAST PERFORMANCE. PROGRESS REPORTS ARE THEN REQUIRED AND
LOCAL STAFF CONDUCT SITE VISITS TO CONFIRM PROGRESS. INDEPENDENT AUDITS
ARE OFTEN REQUIRED AS WELL AS UNIFORM GUIDANCE REPORTS FOR THE U.S.
GOVERNMENT.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: CONSTRUCTION OF UNLIMITED FRIENDS ASSOCIATION
KINDERGARTEN /MULTIPURPOSE CENTER - AL ZAWAYDA

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS
OF DIR EL BALAH-GAZA STRIP

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: REHABILITATION OF WATER NETWORK IN DIFFERENT AREAS
OF KHAN YOUNIS- GAZA STRIP

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: DIRECT BENEFICIARIES (GIRL STUDENTS) BENEFITING
FROM THE SAMA - PREVENTION OF EARLY CHILD MARRIAGE PROJECT

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: SERVICE PROVIDER - IMPLEMENTATION OF BUSINESS

COURSES TO STUDENTS BENEFITING FROM THE MESP PROJECT

SCHEDULE F, PART IV, QUESTION 6

THE ORGANIZATION HAS SOME CHARITABLE ACTIVITY OVERSEAS WHICH REQUIRES

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

HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME FROM

CHARITABLE ACTIVITIES IN OVERSEAS. 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
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization <p style="text-align: center;">AMERICAN NEAR EAST REFUGEE AID</p>	Employer identification number <p style="text-align: center;">52-0882226</p>
---	---

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

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

- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	IFTAR (event type)	1 (total number)	
Revenue	1 Gross receipts	333,156.	8,150.	6,950.	348,256.
	2 Less: Contributions	324,756.			324,756.
	3 Gross income (line 1 minus line 2)	8,400.	8,150.	6,950.	23,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,607.			14,607.
	7 Food and beverages	8,397.			8,397.
	8 Entertainment	8,050.	350.	350.	8,750.
	9 Other direct expenses	26,917.			26,917.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				58,671.
11 Net income summary. Subtract line 10 from line 3, column (d)				-35,171.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN CARROLL PRESIDENT AND CEO	(i)	259,853.	0.	649.	43,453.	38,948.	342,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA L. DIANE CFO	(i)	187,969.	0.	437.	17,274.	19,707.	225,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN BYRNE COUNTRY DIRECTOR THROUGH 11/12/21	(i)	131,169.	0.	34,848.	11,822.	6,607.	184,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH DEMAREST VP, COMMUNICATIONS	(i)	132,412.	0.	283.	12,157.	14,755.	159,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAMAR EL YASSIR COUNTRY DIRECTOR	(i)	128,469.	0.	12,847.	0.	9,238.	150,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAMANTHA MOLT DIRECTOR OF ACCOUNTING	(i)	115,254.	0.	247.	10,998.	23,774.	150,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

JOHN BYRNE RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$34,576, EXPATRIATE

HOUSING OVERSEAS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		8,724.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X		206,734.	DONOR LETTERS
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	112	76,059,598.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

LINE 20, REPORTING THE NUMBER OF SHIPMENTS

Lined area for reporting data, consisting of multiple horizontal lines for text entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

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

LEBANON CASH-FOR-WORK TO PROVIDE HUMANITARIAN AID IN THEIR COMMUNITIES,

INCLUDING PRODUCING 17,500 WASHABLE SANITARY PADS, REHABILITATING 835

HOMES, AND SEWING 94,420 PIECES OF WINTER CLOTHING. | DISTRIBUTED 7,777

FOOD PARCELS ACROSS JORDAN, LEBANON AND GAZA.

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

CENTER INCLUDING A FIVE-CLASSROOM KINDERGARTEN, PLAYGROUND AND A FLOOR

FOR EDUCATING ORPHANS AND YOUNG PEOPLE WITH LEARNING DISABILITIES IN

GAZA. | PROTECTED 670 GIRLS FROM EARLY MARRIAGE IN NORTHERN LEBANON BY

SUPPORTING THEIR CONTINUED EDUCATION.

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

IMPROVED ACCESS TO WATER FOR 42,000 GAZA RESIDENTS THROUGH WELL

REHABILITATION AND UPGRADES TO DISTRIBUTION NETWORKS IN GAZA CITY, KHAN

YOUNIS AND RAFAH.

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, REVIEWED AND APPROVED

BY ANERA'S AUDIT COMMITTEE, AND SHARED WITH THE FULL BOARD BEFORE FILING.

IT IS ALSO APPROVED BY THE PRESIDENT OF THE ORGANIZATION AND MADE FURTHER

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

Schedule O (Form 990) 2021

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

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 FOR POTENTIAL CONFLICT

OF INTEREST. 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

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 AND FORM 990 ARE AVAILABLE ON ANERA'S WEBSITE FOR THE

Name of the organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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PERIOD OF TIME AS SET FORTH IN SECTION 6104(D).

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

A TOTAL OF FORTY PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE

FISCAL YEAR. THOSE FORTY ARE SHOWN IN PART VII OF FORM 990. AS OF MAY

31, 2022 THERE WERE A TOTAL OF THIRTY-FOUR 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 -8,669.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization <p style="text-align: center;">AMERICAN NEAR EAST REFUGEE AID</p>	Employer identification number <p style="text-align: center;">52-0882226</p>
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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 1111 14TH STREET, NW, SUITE 400 WASHINGTON, DC 20005	TO ADVANCE THE WELL-BEING OF REFUGEES AND OTHER VULNERABLE COMMUNITIES	DELAWARE	0.	0.	AMERICA NEAR EAST 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Lined area for providing supplemental information.