

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY 31, 2023

B Check if applicable: C Name of organization: AMERICAN NEAR EAST REFUGEE AID
Doing business as ANERA
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1111 14TH STREET, NW 400
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005
F Name and address of principal officer: SEAN CARROLL
SAME AS C ABOVE
D Employer identification number: 52-0882226
E Telephone number: 202-266-9700
G Gross receipts \$: 175,253,062.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions
H(c) Group exemption number
I Tax-exempt status: [X] 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: WWW.ANERA.ORG
K Form of organization: [X] Corporation Trust Association Other
L Year of formation: 1968
M State of legal domicile: DC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a table for Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

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.

Signature of officer: SEAN CARROLL, PRESIDENT AND CEO, Date: 12.21.2023
Print/Type preparer's name: AMANDA E. WATERHOUSE, Preparer's signature: Amanda E Waterhouse, Date: 12/21/23, Check if self-employed: [X], PTIN: P02014004
Firm's name: RSM US LLP, Firm's EIN: 42-0714325
Firm's address: 230 N ELM ST, STE 1100, GREENSBORO, NC 27401, Phone no.: 336-272-4551

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 151,043,733. including grants of \$ 147,849,092.) (Revenue \$) HEALTH & RELIEF: DELIVERED 98 SHIPMENTS OF MEDICINES AND SUPPLIES WORTH \$148.5M TO 272 HEALTH CENTERS IN THE WEST BANK, GAZA, JORDAN, AND LEBANON. PROVIDED CANCER TREATMENTS FOR 38,000 PATIENTS IN LEBANON. SUPPORTED, DURING RAMADAN, 7,814 VULNERABLE FAMILIES ACROSS JORDAN, THE WEST BANK AND GAZA WITH FOOD VOUCHERS, AND IN LEBANON, DISTRIBUTED 4,188 FAMILY FOOD PARCELS CONTAINING A BALANCED AND NUTRITIOUS DIET. SOLARIZED 56 HEALTHCARE CENTERS ACROSS LEBANON, BENEFITTING SOME 252,896 PEOPLE. DISTRIBUTED 38,600 READING GLASSES TO PATIENTS IN JORDAN. DISTRIBUTED 3,500 TINS OF INFANT FORMULA AND 68,172 TREATMENTS OF INFANT ACETAMINOPHEN TO FAMILIES IN SYRIA FOLLOWING THE EARTHQUAKE.

4b (Code:) (Expenses \$ 9,122,402. including grants of \$ 6,977,197.) (Revenue \$) COMMUNITY DEVELOPMENT: ENSURED 859 GIRLS IN AKKAR, LEBANON AT RISK OF EARLY MARRIAGE STAYED IN SCHOOL THROUGH THE SAMA PROJECT. INSTALLED WATER-SMART ROOFTOP GARDENS ON 151 HOMES IN LEBANON, PALESTINE AND JORDAN. INSTALLED A SOLAR-POWERED REVERSE OSMOSIS SYSTEM FOR IRRIGATING 10 FARMERS' FIELDS IN RAFAH, GAZA. INSTALLED THREE NEW WATER NETWORKS SERVING 214,350 PEOPLE IN VULNERABLE NEIGHBORHOODS IN RAFAH, BEIT HANOUN, AND DEIR EL BALAH, GAZA. REDUCED THE RISKS OF FLOODING AND POLLUTION FOR 32,880 PEOPLE BY REHABILITATING SEWAGE NETWORKS IN JABALIA, GAZA. REHABILITATED THE DWELLINGS OF 170 VULNERABLE FAMILIES IN GAZA TO ENSURE THEY MET BASIC LIVABILITY STANDARDS AND WERE PROTECTED FROM FLOODING.

4c (Code:) (Expenses \$ 4,671,303. including grants of \$ 2,698,075.) (Revenue \$) EDUCATION: ALLOWED 3,357 YOUTHS IN LEBANON TO LEARN VOCATIONAL SKILLS IN CONSTRUCTION, HEALTHCARE, IT, ETC. PROVIDED BASIC MATH AND LITERACY COURSES FOR 1,297 YOUTHS IN LEBANON. INAUGURATED 3 NEW KINDERGARTENS IN THE WEST BANK IN AS SAMMU, DEIR QADDIS AND NABI SALEH EDUCATING 400+ CHILDREN EACH YEAR. RENOVATED 11 KINDERGARTENS IN GAZA, FITTING THEM WITH SOLAR PANELS AND REVERSE OSMOSIS SYSTEMS TO PROVIDE FREE ELECTRICITY AND DRINKING WATER. SERVED NUTRITIOUS DAILY MEALS TO 1,100+ GAZA CHILDREN IN 11 KINDERGARTENS THROUGH THE FARMS TO FOSOOL PROGRAM. PROVIDED EDUCATIONAL LAPTOPS AND DIGITAL LEARNING TO 300 STUDENTS FROM VULNERABLE BACKGROUNDS IN JORDAN.

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

4e Total program service expenses 164,837,438.

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 number, 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 []

Table with 3 columns: Question number, Yes, No. Rows 1a-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 reporting, tax returns, gross 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 DONNA L. DIANE, CFO - 202-266-9700
 1111 14TH STREET, NW, 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, box 6 of 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 & CEO	35.00			X			276,440.	0.	68,813.	
(2) DONNA DIANE CFO	35.00			X			192,065.	0.	36,219.	
(3) ELIZABETH DEMEREST VP COMMUNICATIONS	35.00			X			141,591.	0.	29,822.	
(4) CAROLE BELLAMY HR DIRECTOR	35.00					X	141,250.	0.	27,332.	
(5) SAMAR EL YASSIR COUNTRY DIRECTOR	35.00				X		155,451.	0.	5,229.	
(6) SAMANTHA MOLT DIR. OF ACCOUNTING	35.00					X	137,526.	0.	15,680.	
(7) SKYLAR LAWRENCE DIR. OF PHILANTHROPY	35.00					X	119,480.	0.	32,817.	
(8) JOSEPH P. SABA CHAIR	1.00	X		X			0.	0.	0.	
(9) GRACE TOMPKINS VICE-CHAIR	1.00	X		X			0.	0.	0.	
(10) ALFRED KHOURY, MD SECRETARY	1.00	X		X			0.	0.	0.	
(11) SANAA ABOUZAIID SECRETARY (UNTIL 10/2022)	1.00	X		X			0.	0.	0.	
(12) LAWRENCE A. HAMDAN TREASURER	1.00	X		X			0.	0.	0.	
(13) REBECCA ABOU-CHEDID DIRECTOR (FROM 10/2022)	1.00	X					0.	0.	0.	
(14) JUDY BARSALOU, PHD DIRECTOR	1.00	X					0.	0.	0.	
(15) NADER BARAKAT DIRECTOR	1.00	X					0.	0.	0.	
(16) TERESA C. BARGER DIRECTOR	1.00	X					0.	0.	0.	
(17) JOHN GURLY 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) TAREK GHANDOUR DIRECTOR	1.00	X					0.	0.	0.	
(19) MATT HADDAD DIRECTOR	1.00	X					0.	0.	0.	
(20) PINEY KESTING DIRECTOR	1.00	X					0.	0.	0.	
(21) NABIL KHOURY, MD DIRECTOR	1.00	X					0.	0.	0.	
(22) JEFFREY MANSOUR DIRECTOR	1.00	X					0.	0.	0.	
(23) THAIRAH MOUSA DIRECTOR	1.00	X					0.	0.	0.	
(24) MONA NAFFA DIRECTOR	1.00	X					0.	0.	0.	
(25) KATHLEEN ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(26) FRED ROGERS DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,163,803.	0.	215,912.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,163,803.	0.	215,912.	

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
SHANNAN SONS FOR GENERAL TRADING & CONTRACT AL BAHER STREET, JABALIA, OTHER COUNTRY	SUPPLIES AND CONTRACTING	984,134.
FUTUREBRIDGE CO., 55 MADISON AVE SUITE 400, MORRISTOWN, NJ 07960	INDUSTRY CONSULTING	924,962.
AL MONTAR CO., AL HASAN INDUSTRIAL AREA, IRBID, IRBID, JORDAN	SUPPLIES SHIPPING	784,704.
MUSHTAHA ENGINEERING & CONTRACTING CO., GAZA AL REMAL, BOP BLDG 7TH FL, OTHER	ENGINEERING SERVICES	694,218.
MUSHTAHA & HASSOUNA CO., GAZA, RIMAL, OMAR EL MOKHTAR ST, OTHER COUNTRY	CONTRACTING SERVICES	570,543.

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 48

SEE PART VII, SECTION A CONTINUATION SHEETS

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	402,816.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,955,599.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	166,769,973.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 148,577,022.				
	h Total. Add lines 1a-1f		173,128,388.				
Program Service Revenue			Business Code				
	2 a						
	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)		220,063.			220,063.	
	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	1,830,750.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,819,150.				
	c Gain or (loss)	7c	11,600.				
	d Net gain or (loss)		11,600.			11,600.	
8 a Gross income from fundraising events (not including \$ 402,816. of contributions reported on line 1c). See Part IV, line 18	8a		32,026.				
b Less: direct expenses	8b	154,615.					
c Net income or (loss) from fundraising events		-122,589.			-122,589.		
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			Business Code				
	11 a OTHER INCOME		900099	36,378.		36,378.	
	b CREDIT CARD REWARDS		900099	5,457.		5,457.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			41,835.				
12 Total revenue. See instructions			173,279,297.	0.	0.	150,909.	

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	157,524,364.	157,524,364.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	968,299.	584,592.	264,930.	118,777.
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	4,376,131.	2,642,008.	1,197,324.	536,799.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,080.	19,480.	57,582.	26,018.
9 Other employee benefits	1,850,189.	1,091,954.	532,940.	225,295.
10 Payroll taxes	222,662.	58,510.	111,119.	53,033.
11 Fees for services (nonemployees):				
a Management				
b Legal	100,060.	52,650.	46,719.	691.
c Accounting	203,757.		203,757.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,060.		51,060.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,073,731.	410,387.	464,242.	199,102.
12 Advertising and promotion	34,563.	1,166.	5,631.	27,766.
13 Office expenses	991,902.	766,942.	130,959.	94,001.
14 Information technology	116,383.	58,902.	23,073.	34,408.
15 Royalties				
16 Occupancy	609,962.	529,006.	80,956.	
17 Travel	810,111.	555,463.	137,435.	117,213.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	146,578.	65,298.	72,162.	9,118.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,113.	52,919.	29,194.	
23 Insurance	105,857.		105,857.	
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	1,025,281.	1,008,369.	16,912.	
b OTHER EXPENSES	412,604.	6,463.	402,867.	3,274.
c ALLOCATED G&A	0.	-591,035.	591,035.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	170,808,687.	164,837,438.	4,525,754.	1,445,495.
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 <input type="checkbox"/> 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	15,842.	1	9,562.
	2 Savings and temporary cash investments	7,043,652.	2	5,383,721.
	3 Pledges and grants receivable, net	955,566.	3	948,966.
	4 Accounts receivable, net	780,834.	4	869,837.
	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	4,192,583.	8	9,034,283.
	9 Prepaid expenses and deferred charges	252,701.	9	174,062.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 918,020.		
	b Less: accumulated depreciation	10b 600,726.	264,708.	10c 317,294.
	11 Investments - publicly traded securities	6,582,248.	11	6,247,456.
	12 Investments - other securities. See Part IV, line 11	678,336.	12	653,798.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,781,533.	15	2,266,579.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,548,003.	16	25,905,558.	
Liabilities	17 Accounts payable and accrued expenses	2,626,303.	17	2,532,287.
	18 Grants payable	2,863,713.	18	4,274,330.
	19 Deferred revenue	0.	19	321,951.
	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	2,074,966.	25	2,403,399.
	26 Total liabilities. Add lines 17 through 25	7,564,982.	26	9,531,967.
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	11,590,882.	27	13,747,989.
	28 Net assets with donor restrictions	3,392,139.	28	2,625,602.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,983,021.	32	16,373,591.
33 Total liabilities and net assets/fund balances	22,548,003.	33	25,905,558.	

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	173,279,297.
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,808,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,470,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,983,021.
5	Net unrealized gains (losses) on investments	5	-315,356.
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	-764,684.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,373,591.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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	X	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,918,729.	100,144,782.	112,358,499.	100,551,928.	173,128,388.	542,102,326.
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	55,918,729.	100,144,782.	112,358,499.	100,551,928.	173,128,388.	542,102,326.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,057,682.
6 Public support. Subtract line 5 from line 4.						537,044,644.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	55,918,729.	100,144,782.	112,358,499.	100,551,928.	173,128,388.	542,102,326.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	258,487.	190,676.	99,137.	189,165.	220,063.	957,528.
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.)	10,936.	35,490.	8,603.	34,755.	73,862.	163,646.
11 Total support. Add lines 7 through 10						543,223,500.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.86 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.83 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
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>		
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>		
1		
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>		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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>		
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
2a		
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>		
2b		
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>		
3a		
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>		
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2018 AMOUNT: \$ 10,936.

2019 AMOUNT: \$ 35,490.

2020 AMOUNT: \$ 8,603.

2021 AMOUNT: \$ 11,255.

2022 AMOUNT: \$ 41,836.

GROSS INCOME FROM FUNDRAISING EVENTS

2021 AMOUNT: \$ 23,500.

2022 AMOUNT: \$ 32,026.

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

2022

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
---	---

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/>	\$ 40,336,986.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 67,046,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,966,271.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,734,694.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 18,730,594.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 10,229,290.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NEAR EAST REFUGEE AID	Employer identification number 52-0882226
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Part 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/>	\$ 7,346,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 4,386,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,682,383.	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.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 40,336,986.	05/31/23
2	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 67,046,771.	05/31/23
3	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 3,966,271.	05/31/23
4	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 5,734,694.	05/31/23
5	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 18,730,594.	05/31/23
6	MEDICINE & SUPPLIES <hr/> <hr/> <hr/>	\$ 10,229,290.	05/31/23

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

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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	3,694,190.	3,836,866.	3,454,196.	3,319,196.	3,212,154.
b Contributions	134,660.	32,120.	544,693.	234,609.	388,033.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	394,533.	174,796.	162,023.	99,609.	280,991.
f Administrative expenses					
g End of year balance	3,434,317.	3,694,190.	3,836,866.	3,454,196.	3,319,196.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.9800 %
 - b Permanent endowment 3.0200 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | x | |
| (ii) Related organizations | | x |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		850,120.	562,872.	287,248.
e Other		67,900.	37,854.	30,046.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				317,294.

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	126,869.
(2) RIGHT OF USE ASSETS	2,139,710.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,266,579.

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	126,105.
(3) LEASE OBLIGATIONS	2,277,294.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,403,399.

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	172,412,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-315,356.	
b	Donated services and use of facilities	2b	109,892.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-764,684.	
e	Add lines 2a through 2d		2e	-970,148.
3	Subtract line 2e from line 1		3	173,382,852.
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	51,060.	
b	Other (Describe in Part XIII.)	4b	-154,615.	
c	Add lines 4a and 4b		4c	-103,555.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	173,279,297.

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	171,022,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	109,892.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	154,615.	
e	Add lines 2a through 2d		2e	264,507.
3	Subtract line 2e from line 1		3	170,757,627.
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	51,060.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	51,060.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	170,808,687.

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, 2023, BOARD DESIGNATED NET

ASSETS THAT ARE TO BE USED FOR EMERGENCIES AND CONTINGENCIES WERE

\$3,330,614. 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 05/31/2023 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 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT	-764,684.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	-154,615.
--	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	154,615.
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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

2022

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN NEAR EAST REFUGEE AID

52-0882226

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	10	133	PROGRAM SERVICES	SUPPORTING EXPENSES SUCH AS SALARIES AND BENEFITS, PROFESSIONAL FEES, TELEPHONE, ETC.	6,875,028.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,008,370.
MIDDLE EAST AND NORTH AFRICA	0	0	NEW BUSINESS DEVELOPMENT	TRAVEL EXPENSES	306.
MIDDLE EAST AND NORTH AFRICA	0	0	ADMINISTRATION, COMMUNICATIONS AND FINANCE	TRAVEL EXPENSES	46,111.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	TRAVEL EXPENSES	156.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		157,524,364.
3 a Subtotal	10	133			165,454,335.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	133			165,454,335.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	948,134.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	924,962.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	784,704.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD VOUCHERS	742,044.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	694,218.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	570,543.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	326,412.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	314,292.	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

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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	HOME GARDENS	310,070.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	192,240.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANT	247,092.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	241,731.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PURCHASE OF CALVES	228,524.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PURCHASE OF CALVES	205,920.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEALS	191,747.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	146,623.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEALS	139,573.	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	132,146.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENGINEERING	129,348.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEARING OF SHIPMENTS	95,551.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	92,433.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INSTALLING RO UNITS	90,688.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CLOTHING VOUCHERS	84,978.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENGINEERING SERVICES	72,484.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	70,473.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS	68,737.	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	64,289.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOME GARDENS	63,327.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	55,871.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION SUPERVISION	54,900.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLAR PANELS	51,371.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ENGINEERING SERVICES	51,244.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANT	50,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES	43,788.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM OUTREACH	44,451.	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	41,276.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS	35,034.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	30,740.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANT	30,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	23,082.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	19,738.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS	18,098.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES	17,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CLOTHING VOUCHERS	15,464.	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	HOME GARDENS	13,855.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MARKET SUPPLIES	13,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SEWING SUPPLIES	13,785.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	LIVESTOCK	12,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CONSTRUCTION	10,486.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MARKET SUPPLIES	7,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANT	6,626.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HYGIENE KITS	5,858.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANT	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	PROCUREMENT OF MEDICINE	1,117,379.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	444,503.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	268,706.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	136,047.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	91,784.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	111,074.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	110,360.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	82,719.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	107,336.	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	83,241.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	73,497.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	53,958.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	68,409.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	61,209.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	27,381.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	30,913.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	44,337.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	36,430.	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	35,362.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	35,275.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	33,809.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	29,520.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	25,433.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	26,072.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	23,814.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	17,191.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	18,584.	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	17,526.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	18,870.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	14,711.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	18,066.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	15,050.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	14,899.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	10,897.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	11,921.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	10,872.	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	9,488.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	5,428.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENTATION OF EDUCATIONAL COURSES	5,015.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES AND MEDICAL SUPPLIES	45,145.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICINES AND MEDICAL SUPPLIES	15,750.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RELIEF AID	15,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		88,208.		MEDICAL, AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,406,448.		MEDICAL, AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		90,658.		MEDICAL, AND SOCIAL SUPPLIES

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.		75,582. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		479,558. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,915,341. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,000,122. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		40,608. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		18,912,589. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		399,728. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		390,957. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		3,921,845. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		890,304. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		57,287. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		66,740. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,344,138. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		968,605. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		186,260. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		44,505. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		41,871. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		608,758. FMV		MEDICAL AND SOCIAL SUPPLIES

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,047,950. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		89,453. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		135,310. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,960,762. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		3,093,238. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		981,044. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,925. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,477,161. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		110,136. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		73,254. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		3,876,806. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		91,250. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,506,913. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,599. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		435,410. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		101,035. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		282,751. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,787. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		345,647. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		577,154. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		448,303. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		336,584. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		17,538,746. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		2,647,281. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,345,760. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		817,646. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		11,634. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		7,506. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		187,689. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		194,439. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,242. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,300. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,564. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		163,096. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		197,304. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		230,565. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		8,229. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		12,913. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		342,610. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		34,937. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		77,889. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		25,986. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		92,106. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		76,874. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		311,458. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		46,922. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		33,724. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,443. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,893. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,310,605. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,144. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		273,162. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		528,909. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		232,404. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		585,358. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		230,147. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		12,809. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		205,484. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,123. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		81,043. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,772. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,784. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,555. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		181,810. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		129,854. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,138. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,128. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		115,207. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		102,388. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,129. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		9,837. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		15,312. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		27,750. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,138. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,469. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		382,910. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,272. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,043. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		108,765. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,118. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		87,295. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		150,757. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		25,688. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		260,277. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,024. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		24,802. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,344. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		16,037. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,121. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,138. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		13,007. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		10,242. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		505,624. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		25,890. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		41,876,102. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		23,252. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		23,128. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		41,242. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		36,720. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		55,220. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		14,369. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		115,503. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		104,452. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		108,381. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		35,874. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		219,638. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,236. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		115,368. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		95,397. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		40,224. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		129,696. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		117,244. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		70,085. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		65,303. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		26,768. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		178,200. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		145,635. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		892,631. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,100,811. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		200,997. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		698,684. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		58,220. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		7,012. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		596,548. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		50,685. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,415. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		9,118. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,970,717. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		307,192. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		20,398. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		270,044. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		121,257. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		30,195. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		117,467. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		31,616. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		117,263. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,214. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		72,372. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		13,878. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		252,178. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,832. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		77,959. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,611. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		6,984. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		15,913. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		15,348. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		292,568. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		41,554. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		177,098. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		327,496. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		627,631. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,583,476. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		62,152. FMV		MEDICAL AND SOCIAL SUPPLIES

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.		22,170. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		5,477. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		111,365. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		89,876. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		94,139. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		245,429. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		93,958. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		1,227,382. FMV		MEDICAL AND SOCIAL SUPPLIES
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE MEDICAL AND SOCIAL SUPPLIES TO THOSE IN NEED	0.		8,366. FMV		MEDICAL AND SOCIAL SUPPLIES

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.

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.

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)	NONE (total number)	
Revenue	1	Gross receipts	426,767.	8,075.	434,842.
	2	Less: Contributions	402,816.		402,816.
	3	Gross income (line 1 minus line 2)	23,951.	8,075.	32,026.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	69,575.	6,569.	76,144.
	7	Food and beverages	26,143.		26,143.
	8	Entertainment	8,750.	300.	9,050.
	9	Other direct expenses	43,278.		43,278.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			154,615.
11	Net income summary. Subtract line 10 from line 3, column (d)			-122,589.	

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			
	2	Cash prizes			
Direct Expenses	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: _____

**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

2022

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 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 checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
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) 2022

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 & CEO	256,266.	0.	20,174.	26,648.	42,165.	345,253.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA DIANE CFO	191,623.	0.	442.	17,771.	18,448.	228,284.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH DEMEREST VP COMMUNICATIONS	141,288.	0.	303.	13,502.	16,320.	171,413.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROLE BELLAMY HR DIRECTOR	140,952.	0.	298.	13,002.	14,330.	168,582.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAMAR EL YASSIR COUNTRY DIRECTOR	141,319.	0.	14,132.	0.	5,229.	160,680.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAMANTHA MOLT DIR. OF ACCOUNTING	137,478.	0.	48.	11,518.	4,162.	153,206.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SKYLAR LAWRENCE DIR. OF PHILANTHROPY	119,242.	0.	238.	11,252.	21,565.	152,297.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	655	43,929. FMV	
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	98	148,533,093. 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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

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

b If "Yes," describe in Part II.

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

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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 9, REPORTING THE NUMBER OF SECURITIES RECEIVED

LINE 20, REPORTING THE NUMBER OF SHIPMENTS

**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

2022

Open to Public
Inspection

Name of the organization

AMERICAN NEAR EAST REFUGEE AID

Employer identification number

52-0882226

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
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.

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

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 PERIOD OF TIME AS SET FORTH IN SECTION 6104(D).

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

A TOTAL OF THIRTY-SIX PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR. THOSE THIRTY-SIX ARE SHOWN IN PART VII OF FORM 990. AS OF MAY 31, 2023 THERE WERE A TOTAL OF THIRTY- THREE VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4.

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

UNREALIZED FOREIGN CURRENCY TRANSLATION ADJUSTMENT -764,684.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

