

2949016700818

Form

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

OMB No. 1545-0047

**2000**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

**B** Check if applicable:  
☒ Change of address.  
☐ Change of name.  
☐ Initial return.  
☐ Final return.  
☐ Amended return.

**C** Name of organization, number and street, city, town, state, and ZIP code  
**NAT'L US ARAB CHAMBER OF COMMERCE**  
 1023 15TH Street, NW 4TH FL  
 Washington, DC 20005

**D** Employer identification number  
 52-1529937

**E** Telephone number  
 (202) 289-5920

**F** Check ☐ if application pending

**G** Organization type (check only one) ☒ 501(c)(6) (insert no.) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) \_\_\_\_\_

**K** Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

**Note:** H and I are not applicable to sec. 527 orgs.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ☐

**H(c)** Are all affiliates included? (If "No," attach a list. See inst.) ☐ Yes ☐ No

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Enter 4-digit group exemption no. (GEN) ☐

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Direct public support	<b>1a</b>	600,000.
	<b>b</b> Indirect public support	<b>1b</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 600,000. noncash \$ )	<b>1d</b>	600,000.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	946,923.
	<b>3</b> Membership dues and assessments	<b>3</b>	69,700.
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	47,647.
	<b>5</b> Dividends and interest from securities	<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>	
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	
	(B) Other	<b>8b</b>	
	Less: cost/other basis & sales expenses	<b>8c</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	1,664,270.	
<b>EXPENSES</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>	1,787,993.
<b>NET ASSETS</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	(-123,723.)
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	1,251,851.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	1,128,128.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2000)

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 18 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . .	22			
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25	228,000.	0.	0.
26	Other salaries and wages. . . . .	26	508,222.		
27	Pension plan contributions. . . . .	27	13,316.		
28	Other employee benefits. . . . .	28	103,475.		
29	Payroll taxes. . . . .	29	58,894.		
30	Professional fundraising fees. . . . .	30			
31	Accounting fees. . . . .	31			
32	Legal fees. . . . .	32			
33	Supplies. . . . .	33	38,952.		
34	Telephone. . . . .	34	34,186.		
35	Postage and shipping. . . . .	35	18,421.		
36	Occupancy. . . . .	36	190,964.		
37	Equipment rental and maintenance. . . . .	37	34,279.		
38	Printing and publications. . . . .	38			
39	Travel. . . . .	39	37,258.		
40	Conferences, conventions, and meetings. . . . .	40	47,401.		
41	Interest. . . . .	41			
42	Depreciation, depletion, etc. (attach schedule). . . . .	42	31,343.		
43	Other expenses (itemize): <b>a See Attached</b>	43a	443,282.		
	<b>b</b>	43b			
	<b>c</b>	43c			
	<b>d</b>	43d			
	<b>e</b>	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44	1,787,993.	0.	0.

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☐ No

If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions.)

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
<b>a</b>	
	(Grants and allocations \$ _____)
<b>b</b>	
	(Grants and allocations \$ _____)
<b>c</b>	
	(Grants and allocations \$ _____)
<b>d</b>	
	(Grants and allocations \$ _____)
<b>e</b>	Other program services (attach schedule) (Grants and allocations \$ _____)
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <b>0.</b>

**Part IV Balance Sheets** (See Specific Instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash -- non-interest-bearing .....	91,729.	<b>45</b>	139,506.
	<b>46</b> Savings and temporary cash investments .....		<b>46</b>	
	<b>47a</b> Accounts receivable .....	5,370.		
	<b>b</b> Less: allowance for doubtful accounts .....		<b>47c</b>	5,370.
	<b>48a</b> Pledges receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>48c</b>	
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	1,506.
	<b>54</b> Investments -- securities (attach schedule) .....	940,202.	<b>54</b>	966,858.
	<b>55a</b> Investments -- land, buildings, and equipment: basis .....			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>55c</b>	
<b>56</b> Investments -- other (attach schedule) .....		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	318,780.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....				
<b>58</b> Other assets (describe <b>DEPOSITS</b> ) .....	50,577.	<b>57c</b>	30,430.	
	226,952.	<b>58</b>	35,544.	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	1,317,189.	<b>59</b>	1,179,214.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	65,338.	<b>60</b>	51,086.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe) .....		<b>65</b>	
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65) .....	65,338.	<b>66</b>	51,086.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	1,251,851.	<b>67</b>	1,128,128.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	1,251,851.	<b>73</b>	1,128,128.
	<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	1,317,189.	<b>74</b>	1,179,214.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return (See Specific Instructions.)**

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b> Total revenue, gains, and other support per audited financial statements ..... ▶	<b>a</b> 1,664,270.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990: <b>(1)</b> Net unrealized gains on investments .. \$ _____ <b>(2)</b> Donated services & use of facilities: \$ _____ <b>(3)</b> Recoveries of prior year grants ..... \$ _____ <b>(4)</b> Other (specify): _____ \$ _____ Add amounts on lines <b>(1)</b> through <b>(4)</b> .. ▶	<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b> 1,664,270.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> : <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____ <b>(2)</b> Other (specify): _____ \$ _____ Add amounts on lines <b>(1)</b> and <b>(2)</b> ..... ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ..... ▶	<b>e</b> 1,664,270.

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	1,787,993
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
<b>(1)</b>	Donated services & use of facilities. . . \$ _____		
<b>(2)</b>	Prior year adjustments reported on line 20, Form 990 \$ _____		
<b>(3)</b>	Losses reported on line 20, Form 990 \$ _____		
<b>(4)</b>	Other (specify): _____ _____ \$ _____		
	Add amounts on lines <b>(1)</b> through <b>(4)</b> . . . ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	1,787,993
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify): _____ _____ \$ _____		
	Add amounts on lines <b>(1)</b> and <b>(2)</b> . . . . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	1,787,993

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions.)

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . ☐ Yes ☒ No  
If "Yes," attach schedule -- see Specific Instructions.

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Part VI Other Information (See Specific Instructions.)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A	3
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X	
b	If "Yes," enter the name of the organization ► <b>US ARAB DATANET, INC</b> <b>US ARAB ONLINE</b> and check whether it is <input type="checkbox"/> exempt OR <input checked="" type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . .	81a		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	N/A	3
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . . . . .	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X	
c	Dues, assessments, and similar amounts from members. . . . .	85c		
d	Section 162(e) lobbying and political expenditures . . . . .	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). . . . .	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a		
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. . . . .	88	X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . .	89b	N/A	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . .			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .			
90a	List the states with which a copy of this return is filed ►			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.) . . . . .	90b		
91	The books are in care of ► <b>CHAMBER</b> Telephone no. ► <b>(202) 289-5920</b> Located at ► <b>1023 15TH ST NW 4TH FLOOR WASH DC</b> ZIP code ► <b>20005</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here. . . . . and enter the amount of tax-exempt interest received or accrued during the tax year. . . . .	92		

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**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> CERTIFICATION					903,918.
<b>b</b> SPEC. EVENTS/PROG					38,050.
<b>c</b> OTHER					4,955.
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments					69,700.
<b>95</b> Interest on savings and temporary cash investments			14		47,647.
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit/(loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					1,064,270.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,064,270.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	(A) THE CHAMBER CERTIFIES DOCUMENTS FOR SHIPPING GOODS & MATERIALS TO VARIOUS ARAB COUNTRIES
93	(B) THE CHAMBER SPONSORS A SERIES OF CONFERENCES & MEETINGS TO PROMOTE TRADE/CULTURAL TIES BETWEEN ARAB COUNTRIES & U.S.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
US ARAB DATANET, INC	100.0%	TELECOMMUNICATIO	-5,888.	13,157.
US ARAB ONLINE	50.0%	TELECOMMUNICATIO	-1,380.	16,787.
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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. (Important: See General Instruction W.)

Signature of officer: Richard P. Holmer Date: 5/15/01 Type or print name and title: Richard P. Holmer, President

**Paid Preparer's Use Only**

Preparer's signature: Berry Group, PC CPA's Date: 5/8/01 Check if self-employed: ☐ Preparer's SSN or PTIN: 54-1920031

Firm's name (or yours if self-employed) and address, & ZIP code: 2111 Eisenhower Ave Suite 404 Alexandria, VA 22314 EIN: 54-1920031 Phone no.: (703) 838-7611

## Supplemental Schedules - 2000

Company: NAT'L US ARAB CHAMBER OF COMMERCE

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EIN: 52-1529937

Form 990 - Exempt Organization Tax Return  
Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund- raising
STORAGE	2,460.	0.	0.	0.
CONSULTANTS	66,637.	0.	0.	0.
BD OF DIRECTOR'S EXPS	36,708.	0.	0.	0.
PUBLICATION/MARKETING	6,879.	0.	0.	0.
DONATIONS/GRANTS	39,350.	0.	0.	0.
PROFESSIONAL FEES	39,981.	0.	0.	0.
DUES & SUBSCRIPTION	2,488.	0.	0.	0.
TAXES & INSURANCE	16,724.	0.	0.	0.
LOSS ON INVESTMENT	208,866.	0.	0.	0.
MISCELLANEOUS	23,189.	0.	0.	0.
TOTAL	443,282.			