

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt from Income Tax

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

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

OMB No. 1545-0047

**2001**

Open to Public  
Inspection

**A For the 2001 calendar year, or tax year beginning** , 2001, and ending , 20

**B Check if applicable:**

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See specific instructions.

**NATIONAL US ARAB CHAMBER OF COMMERCE**  
1023 15TH STREET, NW 4TH  
WASHINGTON, DC 20005

**D Employer identification number**  
52-1529937

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

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

**H and I are not applicable to Section 527 organizations.**

**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? ☐ Yes ☐ No  
(If 'no,' attach a list. See instructions.)

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

**I** Enter 4-digit group GEN \_\_\_\_\_

**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

**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 Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12. **1,504,346.**

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

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

<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>	741,642.
<b>3</b>	Membership dues and assessments	<b>3</b>	92,440.
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	70,264.
<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) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	
<b>8d</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>	1,504,346.
<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 16 and 44, column (A))	<b>17</b>	1,671,871.
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-167,525.
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	1,128,128.
<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>	960,603.

Form 990 (2001) NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

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# **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.

<input type="checkbox"/> Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	243,625.		
26	Other salaries and wages	26	606,166.		
27	Pension plan contributions	27	17,718.		
28	Other employee benefits	28	112,630.		
29	Payroll taxes	29	63,000.		
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	48,858.		
34	Telephone	34	32,483.		
35	Postage and shipping	35	13,516.		
36	Occupancy	36	199,168.		
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	44,554.		
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	14,756.		
43	Other expenses not covered above (itemize):				
a	See Statement 1	43a	275,397.		
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	1,671,871.		

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A. ☐ Yes ☐ No  
 If "Yes," enter (i) the 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 \$ \_\_\_\_\_.

## **Statement of Program Service Accomplishments**

N/A

What is the organization's primary exempt purpose? ☐ See Statement 2

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a	_____	
	(Grants and allocations \$ _____)	
b	_____	
	(Grants and allocations \$ _____)	
c	_____	
	(Grants and allocations \$ _____)	
d	_____	
	(Grants and allocations \$ _____)	
e	Other program services _____	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services) _____	

**Balance Sheets** (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing.....	139,506.	<b>45</b>	51,062.
	<b>46</b> Savings and temporary cash investments.....	966,858.	<b>46</b>	891,640.
	<b>47a</b> Accounts receivable.....	1,195.		
	<b>b</b> Less: allowance for doubtful accounts.....		<b>47c</b>	1,195.
	<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 & loans receivable (attach sch.).....			
	<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.....	1,506.	<b>53</b>	1,354.
	<b>54</b> Investments — securities (attach schedule)..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments — land, buildings, & equipment: basis.....			
	<b>b</b> Less: accumulated depreciation (attach schedule).....		<b>55c</b>	
<b>56</b> Investments — other (attach schedule)..... See Stmt. 3.		<b>56</b>	5,911.	
<b>57a</b> Land, buildings, and equipment: basis.....	333,603.			
<b>b</b> Less: accumulated depreciation (attach schedule)..... Statement 4.	303,096.	30,430.	<b>57c</b>	30,507.
<b>58</b> Other assets (describe ► See Statement 5)		35,544.	<b>58</b>	35,422.
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74).....		1,179,214.	<b>59</b>	1,017,091.
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses.....	51,086.	<b>60</b>	56,488.
	<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).....		51,086.	<b>66</b>
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted.....	1,128,128.	<b>67</b>	960,603.
	<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"/> <b>and complete lines 70 through 74.</b>			
	<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).....	1,128,128.	<b>73</b>	960,603.
	<b>74</b> <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	1,179,214.	<b>74</b>	1,017,091.

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.

BAA

**Reconciliation of Revenue per Audited  
Financial Statements with Revenue  
per Return (See instructions.)**

### Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements. . . . .	<b>a</b>	1,504,346.	<b>a</b>	Total expenses and losses per audited financial statements. . . . .	<b>a</b>	1,671,871.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:			<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Net unrealized gains on investments. . . \$			(1)	Donated services and use of facilities. . . . \$		
(2)	Donated services and use of facilities. . . \$			(2)	Prior year adjustments reported on line 20, Form 990. . . \$		
(3)	Recoveries of prior year grants. . . . \$			(3)	Losses reported on line 20, Form 990. . . \$		
(4)	Other (specify):			(4)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) through (4). . . .	<b>b</b>			Add amounts on lines (1) through (4). . . .	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	1,504,346.	<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	1,671,871.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :			<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$			(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):			(2)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) and (2). . . .	<b>d</b>			Add amounts on lines (1) and (2). . . .	<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>	1,504,346.	<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . .	<b>e</b>	1,671,871.

**List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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 instructions.

Other Information (See specific instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		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?	X	
81a	If 'Yes,' enter the name of the organization <u>U.S. Arab Datanet, Inc.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Enter direct or indirect political expenditures. See line 81 instructions.		X
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?		X
82b	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 in Part III.)	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
85b	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.	X	
85c	c Dues, assessments, and similar amounts from members.	N/A	
85d	d Section 162(e) lobbying and political expenditures.	N/A	
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities.	N/A	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
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.	X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 <u>N/A</u> ; Section 4912 <u>N/A</u> ; Section 4955 <u>N/A</u>		
89b	b 501(c)(3) and 501(c)(4) organizations. 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.	N/A	
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.	N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.	N/A	
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions).	0	
91	The books are in care of <u>CHAMBER</u> Telephone number <u>202-289-5920</u> Located at <u>1023 15TH ST NW 4TH FL WASHINGTON DC NW</u> ZIP + 4 <u>20005</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	N/A	

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52-1529937

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**Analysis of Income-Producing Activities** (See instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a CERTIFICATION

b OTHER

c SPECIAL EVENTS

d

e

f Medicare/Medicaid payments

g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmnts

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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

**Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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).

N/A

**Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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.

Signature of Officer

Date

Type or Print Name and Title

**Paid Preparer's Use Only**

Preparer's Signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN (see General Instruction W)

Firm's name (or yours if self-employed) and address, and ZIP + 4

Berry Group, PC  
2111 Eisenhower Ave #404  
Alexandria, VA 22314

EIN

54-1920031

Phone no

(703) 838-7611

2001

## Federal Statements

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NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

**Statement 1**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BOARD OF DIR -TRAVEL, ETC	46,940.			
CONSULTANTS	60,622.			
DONATIONS/GRANTS	28,050.			
DUES, SUBSCRIPTION	1,703.			
EQUIPMENT RENTAL	11,514.			
MARKETING	1,822.			
PROFESSIONAL FEES	65,070.			
PUBLICATION	6,037.			
REPAIR AND MAINTENANCE	8,366.			
SPECIAL EVENTS	36,828.			
STORAGE AND OTHER EXPENSE	2,194.			
TAX AND INSURANCE	6,251.			
<b>Total</b>	<b>\$ 275,397.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**Statement 2**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

- A. The chamber certifies documents for shipping goods and materials to various Arab countries.
- B. The Chamber sponsors a series of conferences and meetings to promote tread/cultural ties between Arab countries and United States.

**Statement 3**  
**Form 990, Part IV, Line 56**  
**Investments - Other**

Description of Investment	Valuation Method	Book Value
	Cost	\$ 5,911.
	Total	\$ 5,911.

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 333,603.	\$ 303,096.	\$ 30,507.
<b>Total</b>	<b>\$ 333,603.</b>	<b>\$ 303,096.</b>	<b>\$ 30,507.</b>

2001

**Federal Statements**

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**NATIONAL US ARAB CHAMBER OF COMMERCE**

**52-1529937**

**Statement 5  
Form 990, Part IV, Line 58  
Other Assets**

SECURITY DEPOSIT.....	Total	\$ 35,422.
		<u>\$ 35,422.</u>

**Statement 6  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
RICHARD HOLMES 1414 Ingleside Ave McLean, VA 22101	Former Presiden 40	\$ 120,000.	\$ 2,700.	\$ 0.
MAZHAR SAMMAN 2167 Westglen Court VIENNA, VA 22182	Exec-VP 40	108,000.	3,240.	0.
MARJORIE A. ADAMS 3110 Thomas Ave suite 321 Dallas, TX 75204	Exec President 40	15,625.	0.	0.
Total		<u>\$ 243,625.</u>	<u>\$ 5,940.</u>	<u>\$ 0.</u>