

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)

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

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) ▶

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ NoH (b) If 'Yes,' enter number of affiliates ▶ ☐ Yes ☐ NoH (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) ☐ Yes ☐ NoH (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ▶ www.nusacc.org

J Organization type (check only one)

☒ 501(c) 6 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ▶

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,325,665.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

b Direct public support (not included on line 1a)

c Indirect public support (not included on line 1a)

d Government contributions (grants) (not included on line 1a)

e Total (add lines 1a through 1d) (cash \$ 12,000. noncash \$)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income or (loss). Subtract line 6b from line 6a

7 Other investment income (describe)

8a Gross amount from sales of assets other than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss). Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events. Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

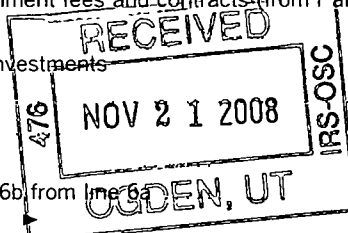
18 Excess or (deficit) for the year. Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

1a		1e	12,000.
1b	12,000.	2	1,022,246.
1c		3	167,000.
1d		4	21,605.
		5	
6a		6c	
6b		7	
		8d	
		9c	11,300.
9a	100,651.	10c	
9b	89,351.	11	2,163.
	Statement 1	12	1,236,314.
10a		13	
10b		14	
		15	
		16	
		17	1,099,117.
		18	137,197.
		19	879,939.
		20	
		21	1,017,136.



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 instructions.)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	206,750.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	257,780.			
27 Pension plan contributions not included on lines 25a, b, and c	27	14,384.			
28 Employee benefits not included on lines 25a - 27	28	97,247.			
29 Payroll taxes	29	30,154.			
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	48,447.			
34 Telephone	34	25,630.			
35 Postage and shipping	35	6,206.			
36 Occupancy	36	130,175.			
37 Equipment rental and maintenance	37	4,925.			
38 Printing and publications	38	1,529.			
39 Travel	39	81,154.			
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	8,052.			
43 Other expenses not covered above (itemize).					
a See Statement 2	43a	186,684.			
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,099,117.			

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ See Statement 3

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) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a _____

 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐

b _____

 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐

c _____

 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐

d _____

 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐

e Other program services
 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

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Form 990 (2007)

Part IV Balance Sheets (See the 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	
ASSETS	45 Cash — non-interest-bearing	185,564.	45	370,060.	
	46 Savings and temporary cash investments	605,030.	46	626,635.	
	47 a Accounts receivable	47 a 27,983.			
	b Less. allowance for doubtful accounts	47 b	93,290.	47 c 27,983.	
	48 a Pledges receivable	48 a			
	b Less. allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b		
	51 a Other notes and loans receivable (attach schedule)	51 a			
	b Less. allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	3,131.	53	4,283.	
	54 a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a		
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b		
55 a Investments — land, buildings, & equipment. basis	55 a				
b Less. accumulated depreciation (attach schedule)	55 b		55 c		
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment basis	57 a 345,836.				
b Less. accumulated depreciation (attach schedule) Statement 4	57 b 330,428.	17,365.	57 c	15,408.	
58 Other assets, including program-related investments (describe ► <u>See Statement 5</u>)		23,043.	58	15,830.	
59 Total assets (must equal line 74) Add lines 45 through 58		927,423.	59	1,060,199.	
LIABILITIES	60 Accounts payable and accrued expenses	47,484.	60	43,063.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ► _____)		65		
	66 Total liabilities. Add lines 60 through 65		47,484.	66	43,063.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted	879,939.	67	1,017,136.
68 Temporarily restricted			68		
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		879,939.	73	1,017,136.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		927,423.	74	1,060,199.	

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Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,325,665.
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____ See Stm 6	b4	89,351.
	Add lines b1 through b4	b	89,351.
c	Subtract line b from line a	c	1,236,314.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	1,236,314.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	1,188,468.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____			
	See Stmt 7	b4	89,351.	
	Add lines b1 through b4		b	89,351.
c	Subtract line b from line a		c	1,099,117.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____			
		d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	1,099,117.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part VI Other Information (continued)

	Yes	No
82 a 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
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 in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
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.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a 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	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a 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>		
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	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		N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed <u>DC</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	9
91 a The books are in care of <u>THE CHAMBER</u> Telephone number <u>202-289-5920</u> Located at <u>1023 15TH ST, NW, 4TH FL WASHINGTON DC</u> ZIP + 4 <u>20005</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.

N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: 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	
93 Program service revenue.					
a CERTIFICATION					1,017,181.
b Legalization					1,160.
c Passport translation					3,905.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					167,000.
95 Interest on savings & temporary cash invmnts			14	21,605.	
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					11,300.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b OTHER					2,163.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				21,605.	1,202,709.
105 Total (add line 104, columns (B), (D), and (E))					1,224,314.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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)
1	See Statement 9
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: DAVID HAMON, PRESIDENT Date: 11/17/2008

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Mark J. H. CPA Date: 11-13-08

Firm's name (or yours if self employed): Berry Group, CPA'S

Address, and ZIP + 4: 3131 Mount Vernon Avenue
Alexandria, VA 22305

Check if self-employed: ☐

Preparer's SSN or PTIN (See General Instruction X): 000637804

EIN: 20-3951012

Phone no: (703) 838-7611

BAA

Form 990 (2007)

NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Special events	100,651.	0.	100,651.	89,351.	11,300.
Total	<u>\$ 100,651.</u>	<u>\$ 0.</u>	<u>\$ 100,651.</u>	<u>\$ 89,351.</u>	<u>\$ 11,300.</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BANK AND OTHER EXPENSES	4,183.			
BOARD OF DIR EXPENSES	8,637.			
CONSULTANTS	110,468.			
DONATIONS/GRANTS	5,000.			
DUES, SUBSCRIPTION	160.			
PASSPORT TRANSLATION	1,285.			
Professional fees	47,298.			
Storage	1,883.			
TAXES AND INSURANCE	7,770.			
Total	<u>\$ 186,684.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 3
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 trade/cultural ties between Arab countries and the United States.

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

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 345,836.	\$ 330,428.	\$ 15,408.
Total	<u>\$ 345,836.</u>	<u>\$ 330,428.</u>	<u>\$ 15,408.</u>

NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

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

Deposits	Total	\$	15,830.
		\$	<u>15,830.</u>

Statement 6
Form 990, Part IV-A, Line b(4)
Other Amounts

Special events expense	Total	\$	89,351.
		\$	<u>89,351.</u>

Statement 7
Form 990, Part IV-B, Line b(4)
Other Amounts

Special events expense	Total	\$	89,351.
		\$	<u>89,351.</u>

Statement 8
Form 990, Part V-A
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
David Hamod 1023 15th Street, NW, 4th Flr Washington, DC 20005	President & CEO 40.00	\$ 200,000.	\$ 6,750.	\$ 0.
Don DeMarino 1023 15th Street, NW, 4th Flr Washington, DC 20005	Chairman 0	0.	0.	0.
Nofal Barbar 1-5 Moorgate London, EC2R 6AB United Kingdom	Treasurer 0	0.	0.	0.
Harbo Jensen 1023 15th Street, NW, 4th Flr Washington, DC 20005	Bd. of Director 0	0.	0.	0.
Engr. Omar Abu Wishah 1023 15th Street, NW, 4th Flr Washington, DC 20005	Director 0	0.	0.	0.

NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

Statement 8 (continued)
Form 990, Part V-A
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
Stan Patterson 23835 Fairfield Place Carmel, CA 93923	Bd. of Director 0	\$ 0.	\$ 0.	\$ 0.
Ghassan Al Sulaiman P O Box 1264 Jeddah, 21431	Co-Chairman 0	0.	0.	0.
HE Suhair Al-Ali 1023 15th Street, NW, 4th Flr Washington, DC 20005	Honorary Board 0	0.	0.	0.
Mondher Benayed Rue du Lac Victoria Les Berges du Lac, Tunis 1053 Tunisia	Director 0	0.	0.	0.
Usamah-M. Al-Kurdi ALAGAT P.O. Box 616, Riyadh 11421 Saudi Arabia	Director 0	0.	0.	0.
Ahmed Al-Midfa Sharjah Chamber of Comm. & Ind P.O. Box 580, Sharjah United Arab Emirates	Director 0	0.	0.	0.
Mohamed E. Al-Shroogi Next to DEWA P.O. Box 749, Dubai United Arab Emirates	Director 0	0.	0.	0.
Scott Blacklin 1023 15th Street, NW, 4th Flr Washington, DC 20005	Bd. of Director 0	0.	0.	0.
Engr. Salem Said Al Ghattami Oman Chamber of Comm. & Ind. Muscat, Oman	Director 0	0.	0.	0.
Salah F. Al-Marzook Kuwait Chamber of Comm. & Ind. P.O. Box 775, Al-Safat 13008 Kuwait	Director 0	0.	0.	0.
Abdul Rahman Attar Int. Ch. of Comm. Attar Group Damascus, Syria	Director 0	0.	0.	0.
Alex Shalaby MobiNil Corniche El Nil Boulaq, Cairo Egypt	Director 0	0.	0.	0.

NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

Statement 8 (continued)

Form 990, Part V-A

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Dr. Hatem Halawani Jordan Chamber of Industry 844986 Amman 11181, Zahran Street Jabal Amman Jordan	Director \$ 0	0.	\$ 0.	\$ 0.
Jeffrey L. Johnson 1023 15th Street, NW, 4th Flr Washington, DC 20005	Bd. of Director 0	0.	0.	0.
Khalfan S. Al Kaabi Abu Dhabi Chamber of Commerce Abu Dhabi,	Director 0	0.	0.	0.
Dr. Imad Shehab Gen. Union of Chamb. of Comm. Arab Countries,	Honorary Board 0	0.	0.	0.
HE Khalifa Bin Jassim Al Thani Qatar Chamber of Commerce Qatar,	Director 0	0.	0.	0.
Salim Zeenni American-Leb. Chamb. of Comm. 1153 Foch Street, Beirut P.O. Box 175093 Lebanon	Director 0	0.	0.	0.
Mary Rose Oakar 4201 Connecticut Avenue, NW Washington, DC 20008	Director 0	0.	0.	0.
Ambassador Edward Gnehm 1957 E Street, NW Washington, DC 20052	Director 0	0.	0.	0.
HE Abdulla Bin Hamad Al-Attiya Minister of Energy & Industry Doha, Qatar	Honorary Board 0	0.	0.	0.
HE Lubna Bint Khalid Al Qasimi Minister of Economy & Planning Dubai, United Arab Emirates	Honorary Board 0	0.	0.	0.
Dr. Hussein Hassouna 1023 15th Street, NW Washington, DC 20005	Honorary Board 0	0.	0.	0.
HE Dr. Rachid Mohamed Rachid Min. of Foreign Trade & Ind. Cairo, Egypt	Director 0	0.	0.	0.
Total	\$ 200,000.	\$ 6,750.	\$ 0.	

NATIONAL US ARAB CHAMBER OF COMMERCE

52-1529937

Statement 9

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a-c	93a & 93b: Certification of commercial and legal documents promotes and facilitates trade relations between Arab countries and the United States. This activity expedites the processing of commercial documents. 93c: Passport translation - For some countries, like Libya, government authorities require that vital passport data be translated into Arabic. NUSACC is the only chamber of commerce in the United States that is authorized by the Government of Libya to prepare such translations.
94	Membership provide members access to information services, conferences and seminars, publications, private functions, promotional opportunities, and trade missions that promote trade between Arab countries and the United States.
101	Represents net income from events like conferences and seminars that provides a vehicle for interaction between market leaders, small and medium-sized entrepreneurs from different industries. These events also address specific economic and business strategies for investment and trade in the Arab region.
103b	Other income represents miscellaneous income from the sale of old computers and furnitures. Other income was used to promote publications that addresses trade issues, dissemination of general trade information, and the need for timely and accurate statistical information.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NATIONAL US ARAB CHAMBER OF COMMERCE	52-1529937
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1023 15TH STREET, NW 4TH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20005	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► THE CHAMBER

Telephone No. ► 202-289-5920 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 07 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2007)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	NATIONAL US ARAB CHAMBER OF COMMERCE	52-1529937
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	1023 15TH STREET, NW 4TH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20005	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **THE CHAMBER**
Telephone No. **202-289-5920** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 20 08
- 5 For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension: Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 8-12-08

Notice to Applicant. (To be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Berry Group, CPA'S
	Number and street (include suite, room, or apartment number) or a P.O. box number
	3131 Mount Vernon Avenue
	City or town, province or state, and country (including postal or ZIP code)
	Alexandria, VA 22305