DLN: 93493320047659

**Return of Organization Exempt From Income Tax** 

Form **990** 

Department of the

Internal Revenue

囫

Treasury

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

Open to Public Inspection

Service A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008 D Employer identification number C Name of organization NATIONAL US ARAB CHAMBER OF COMMERCE **B** Check if applicable Please use IRS label or 52-1529937 Address change Doing Business As E Telephone number print or type. See Specific Instruc-Name change (202) 289-5920 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 1023 15TH STREET NW **G Gross receipts** \$ 1,649,912 Termination

) Ame	ended	return		City or town, state or country, ar WASHINGTON, DC 20005	nd ZIP + 4					
Г Арр	lication	n pending		WASHINGTON, DC 20003						
			David Ha 1023 15	e and address of Principal Or amod th Street NW 4th Flr ton, DC 20005	fficer		affiliat	a group return	ΓYes <b>Γ</b> No	
[ Tax	k-exen	npt status		6) <b>◄</b> (insert no )	1) or				See instructions)	
			w nusacc org					Exemption Nu		
<b>К</b> Туре	e of org	ganızatıon	Corporation	n trust association other	<b>•</b>		<b>L</b> Year of For	mation 1987 M	State of legal domicile DC	
Par	rt I	Sum	marv							
				organization's mission or mo	ost significant activit	ies				
Governance				tifies documents for shippin s and meetings to promote					•	
ĕ.	2	Check	this box 🦵 if	the organization discontinue	ed its operations or d	ısposed of	more than 2!	5% of its assets	5	
9	3	Number	r of voting me	embers of the governing bod	y (Part VI, line 1a)			3 _	30	
<b>8</b> 6	4	Number	r of ındepende	ent voting members of the g	overning body (Part \	/I, line 1b)		. 4 _	24	
ĕ	5	Total n	umber of emp	oloyees (Part V , line 2a) .				5 _	9	
АСПУШЕS &	6	Total n	umber of volu	inteers (estimate if necessa	ıry)			6 _		
AC	7a	Total gi	ross unrelate	d business revenue from Pa	irt VIII, line 12, colu	mn(C).		7a _	0	
	ь	Net unr	elated busine	ess taxable income from For	rm 990-T, line 34 .			7b		
							Prio	r Year	Current Year	
	8	Contri	butions and o	grants (Part VIII, line 1h)				12,000	5,000	
nue	9	Progra	am service re	venue (Part VIII, line 2g)				1,189,246	1,507,055	
Revenue	10	Invest	tment income	e (Part VIII, column (A), line	es 3, 4, and 7d) .			21,605	14,357	
ш	11		-	rt VIII, column (A), lines 5,		-		13,463	8,628	
	12	Totalı 12)	revenue—add	llınes 8 through 11 (must e	qual Part VIII, colun	nn (A), line		1,236,314	1,535,040	
	13	Grants	and similar	amounts paid (Part IX, colu	mn (A), lines 1-3)				C	
	14	Benefi	ts paid to or	for members (Part IX, colum	nn (A), line 4)				C	
ø	15		es, other com	npensation, employee benefi	ıts (Part IX, column (	A), lines 5-	-	576,161	608,338	
Expenses	16a	10) Profes	sional fundra	nising fees (Part IX, column	(A), line 11e)		370,101	008,338		
<u>8</u>	ь	(Total f	undraising expe	nses, Part IX, column (D), line 25	0	)				
ш	17	•		art IX, column (A), lines 11		<b>—</b> ′		522,956	574,113	
	18	Total	expenses—ac	dd lines 13–17 (must equal	Part IX, line 25, colu	ımn (A ))		1,099,117 1,1		
	19	Reven	ue less expe	nses Subtract line 18 from	line 12			137,197	352,589	
<u>%</u> ड			·				Beginni	ng of Year	End of Year	
e e	20	Total	assets (Part	X, line 16)				1,060,199	1,462,774	
Ass Ba	21		•	rt X, line 26)				43,063	93,049	
Net Assets or Fund Balances	22		•	balances Subtract line 21 f	from line 20			1,017,136	1,369,725	
	t II	_	ature Bloc					_,0,,0		
				ury, I declare that I have examine	ed this return, including acc	companying s	schedules and st	atements, and to t	he best of my knowledge	
		and bel	ief, it is true, co	rrect, and complete Declaration o	f preparer (other than off	icer) is based	on all informati	on of which prepare	er has any knowledge	
Plea Sign		****	*** ature of officer				2009- Date	11-13		
Here		[					Date			
			id Hamod Presid e or print name							
		17			Date			Preparer's DTIM	(See Gen Inst )	
Paid Preparer		sıgr	parer's nature Mari	io A Lopez CPA	Date		Check If self- empolyed 🕨 🏲	-	(see Gell Tist)	
Use Only		Firm if se	n's name (or yo elf-employed), ress, and ZIP +	•		<u> </u>		EIN Þ		
				3131 Mount Vernon Avenue Alexandria, VA 22305				Phone no 🕨 (	703) 838-7611	
May t	he IR	S discus	e this ratiirn	with the preparer shown ab	ova? (Saa instruction	ne )		1		

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

1 500 A	Briefly describe the org	anızatıon's mıssıon			
see A	uditional Data Table				
2	Did the organization the prior Form 990 o		ogram services during the year whi	ch were not listed on	'es ✓ No
	If "Yes," describe the	ese new services on Schedul	e O		
3	Did the organization services?	cease conducting or make s	ıgnıfıcant changes ın how ıt conduc		res ▽ No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar	nd (4) organızatıons and 494	each of the organization's three larg .7(a)(1) trusts are required to repor or each program service reported		
<b>4a</b>	the U.S. Government, A Serving as an advocat commercial interests by businesses. Business Fa and Arab business leade. Services. Professional Ar	arab governments, professional assite for the American and Arab busing presenting testimony, drafting whicilitation - Promoting good ethics a cers, including Certification Services, dvancement - Fostering business dC and its partners host high-level ro	including grants of \$  ted States and the Arab world NUSACC ope ociations, think tanks, multilateral entities, ess communitiesThe government relations of ite papers, covering hearings, and generati nd well-informed business decisions The NI Standards Services, Research Services, Tra evelopment and networking opportunities oundtable discussions, seminars, conference	nongovernmental organizations (No team at NUSACC leads the way in p ng special relations among U S and USACC team offers a range of services anslation Services, Training Services In Washington DC, around the Unit	GOS), and the like Advocacy promoting U S -Arab I Arab governments and ces designed to help U S , and Trade & Investment ed States, and throughout
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program serv	rices (Describe in Schedule	0)		
_	(Expenses \$	ıncludıng	grants of \$	(Revenue \$	)
4e	Total program servi	ice expenses \$	Must equal Part IX, Line	25, column (B).	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	24			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported in 2a, did the organization file all required federal employin  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t		2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more durin			2-		
L	return?	odulo.		3a 3b		No No
				30		N O
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Refinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			Νο
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		No
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	ion of \$75 or	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		-	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	/ prem	nums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onalh	enefit contract?	76 7f		
	For all contributions of qualified intellectual property, did the organization file Form 8			71 7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			<i>'</i> 9		
•	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the	s pulls	ornig organization, nave	8		Νο
	year <sup>?</sup>					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		Νο
10	Section 501(c)(7) organizations. Enter	ı	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	Body and	Management

			Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 30						
Ь	Enter the number of voting members that are independent 1b 24						
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?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b		Νο			
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or 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 in Schedule O	11		Νο			

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		Νo
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE CHAMBER 1023 15TH ST NW 4TH FL WASHINGTON, DC 20005 (202) 289-5920

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		Posit	<b>(C</b> tion (		ck al	I				
(A) Name and Title	(B) Average hours per week		t Institutional Trustee	pply	)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Usamah M Al-Kurdı , Dırector		. x	<u>'</u>			┝╧		0	0	
Stan Patterson , Bd of Director		×				1		0	0	
Scott Blacklin , Bd of Director		X				<u> </u>		0	0	
Salim Zeenni , Director		X				<u> </u>		0	_	
Salah F Al-Marzook , Director		X				<u> </u>		0	0	
Nofal Barbar , Treasurer		X		x		<del> </del>		0		
Mondher Benayed , Director		X		<u> </u>				0		
Mohamed E Al-Shroogi , Director		X						0	0	
Michael L Ducker, Director		X						0	0	
Mary Rose Oakar , Director		X						0	0	
Khalfan S Al Kaabi , Director		Х				1		0	0	
KB Abdullah Bin M Al Khonji , Director		Х				1		0	0	
Jeffrey L Johnson , Bd of Director		Х						0	0	
James L Jamerson , Director		Х						0	0	
HE Suhair Al-Ali , Honorary Board		Х						0	0	
HE Lubna Bint Khalid Al Qasimi , Honorary Board		Х						0	0	
HE Khalıfa Bın Jassım Al Thanı , Dırector		Х						0	0	
HE Dr Rachid Mohamed Rachid , Honorary Board		Х						0	0	
HE Abdulla Bin Hamad Al-Attıya , Honorary Board		Х						0	0	
Harbo Jensen , Bd of Director		Х						0	0	
Ghassan Al Sulaiman , Co-Chairman		Х		Х				0	0	
Engr Omar Abu Wishah , Director		Х						0	0	
Dr Imad Shehab , Honorary Board		Х						0		
Dr Hussein Hassouna , Honorary Board		Х						0	0	
Dr Hatem Halawanı , Dırector		Х						0	0	
Don DeMarino , Co-Chairman		Х		X		<u> </u>		0	0	
David Hamod , President & CEO	40 00			X	Х	ļ		238,333	0	6,7
Ambassador Edward Gnehm , Director		Х				ļ		0		
Alex Shalaby , Director		Х				<u> </u>		0		
Ahmed Al-Midfa , Director		X			ļ	<u> </u>		0	0	
Abdul Rahman Attar , Director		Х	<u> </u>	_	<u> </u>	<u> </u>		0	0	
			<u> </u>		-	<u> </u>				
				_		<u> </u>				
				_		<del>                                     </del>				
			-		<u> </u>		_			
				$\vdash$	1	-	$\vdash$			
					<b> </b>					
					<u> </u>					
			-		<u> </u>					
			+	$\vdash$	<b> </b>					
			-	$\vdash$	<del>                                     </del>	-	$\vdash$			
			-		<b> </b>					
				$\vdash$	<del>                                     </del>	<del>                                     </del>	$\vdash$			
			-	<b>—</b>	<u> </u>	<b>⊢</b>				

### Part VII Continued

			1	tion that a			all			(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	compen from		fother ation he on and
						_					+		
											-		
						-					+		
								-					
1b	Total							<b>-</b>	238,333	3			6,750
2	Total number of individuals (including compensation from the organization	-	a) who i	ecei	ved	moi	re thar	n \$1	00,000 ın reportabl	e	•		
												Yes	No
3	Did the organization list any <b>former</b> o	•			-				-	ated employee			
	on line 1a? If "Yes," complete Schedul	e J for such	ındıvıdu	ıal .	•		•	•			3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5	Did any person listed on line 1a rece	ive or accri	ie comn	ensa	ition	fro	m anv	unr	elated organization (	for services	•		
	rendered to the organization? <i>If</i> "Yes,		•				•		-		5		No
Se	ection B. Independent Contrac	tors											
1	Complete this table for your five high \$100,000 of compensation from the			ndep	ende	ent	contra	ctor	s that received mor	e than			

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
_	Total number of independent contractors (including those in 1) who received more than #:	100 000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Statement of Revenue

				(A) Total Revenue	<b>(B)</b> Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1-	Endamental animaniana 4-			Revenue		512, 513, or 514
22	1a	Federated campaigns 1a					
E E	ь	Membership dues	·				
Contributions, gifts, grants and other similar amounts	С	Fundraising events					
ii s	d	1c Related organizations1d					
s, E	e	Government grants (contributions) 1e					
î Si	f	All other contributions, gifts, grants, and	5,000				
æ E	-	similar amounts not included above	·				
i i i	g	Noncash contributions included in					
a Ç		lines 1a-1f \$					
	h	Total (Add lines 1a-1f)		5,000			
			Business Code				
E E	2a	Passport translation		53,115	53,115		
e Ke	b	Membership Dues & Assessments		218,500	218,500		
ě.	c	Legalization		4,274	4,274		
ž	d	Certification		1,231,166	1,231,166		
Σ,	e						
<u>ra</u>	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, ınterest				
		other similar amounts)		14,357			14,357
	4	Income from investment of tax-exempt b	ond proceeds	0			
	_	David No.	▶	0			
	5	Royalties	(II) Personal				
	6a	Gross Rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
		or (loss)		0			
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)		0			
	d	Net gain or (loss)	. ▶				
	8a	Gross income from fundraising events (not including					
ě		\$118,631 of contributions reported on line					
듄		1c) See Part IV, line 18					
ev ev		Attach Schedule G If total exceeds \$15,000					
Other Revenue	ь	Less direct expensesb	114,872				
ŧ	С	Net income or (loss) from fundrais		3,759	3,759		
0	9a	Gross income from gaming	<u> </u>				
	-	activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming		О			
	10a	Gross sales of inventory, less	<u>*</u>				
		returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of		0			
	11-	Miscellaneous Revenue	Business Code	4,869			4,869
	11a	Other		4,009			4,009
	Ь						-
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 4,869				
	12	Total Revenue. Add lines 1h, 2g, 3		1,535,040	1,510,814		19,226
		8c,					

# Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				)).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	238,333			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	269,849			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,857			
9	Other employee benefits	59,392			
10	Payroll taxes	29,907			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	27,835			
c	Accounting	12,291			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
q	Other	185,952			
12	Advertising and promotion	0			
13	Office expenses	45,479			
14	Information technology	38,796			
15	Royalties	, 0			
16	Occupancy	129,815			
17	Travel	90,762			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	3,100			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,650			
23	Insurance	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Printing and Publications	5,140			
ь	Postage and Shipping	5,873			
c	Passport / Arabic translation	11,274			
d	Donations / Grants	4,000			
e	Board of Dir expenses	5,146			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	1,182,451	0	0	0
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,102,731			<u> </u>

Parity Balance Sheet	Part X	Ralance	Sheet
----------------------	--------	---------	-------

					(A) Beginning of year		(E	<b>3)</b> fyear
	1	Cash—non-interest-bearing			370,060	1	Ella o	750,288
	2	Savings and temporary cash investments			626,635			640,992
	3	Pledges and grants receivable, net			020,000	3		0-10,002
	4	Accounts receivable, net	•		27,983	4		16,205
	5	Receivables from current and former officers, directors, trustees,	kav ai	mnlovees or	27,000	-		10,200
		other related parties Complete Part II of Schedule L				5		0
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of Section 4958(c)(3)(B)			6		0	
	7	Notes and loans receivable, net		7		0		
	8	Inventories for sale or use			8		0	
ste	9	Prepaid expenses and deferred charges			4,283	9		6,412
Assets	10a	Land, buildings, and equipment cost basis	10a	371,630				
*	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	338,583		10c		33,047
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	f		12		0	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13		0	
	14	Intangible assets				14		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	15,830			15,830		
	16	D			1,060,199	15 16		1,462,774
	16	Total assets. Add lines 1 through 15 (must equal line 34)			43,063	17		93,049
	17 18	Accounts payable and accrued expenses .  Grants payable			43,003	18		95,049
	19			19				
	20	Deferred revenue		20				
8	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key		21				
įĘ		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	_		22			
_	23	Secured mortgages and notes payable to unrelated third parties		•		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			43,063	26		93,049
_		Organizations that follow SFAS 117, check here ▶ ✓ and comple	ete line	es 27	,			
Ф.		through 29, and lines 33 and 34.						
an an	27	Unrestricted net assets			1,017,136	27		1,369,725
Balance	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets			29			
Ξ		Organizations that do not follow SFAS 117, check here ▶ ┌ and	comp	let e				
ö		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fun			32			
Net	33	Total net assets or fund balances			1,017,136	33		1,369,725
	34	Total liabilities and net assets/fund balances			1,060,199	34		1,462,774
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Part XT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νo

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320047659

# OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** NATIONAL US ARAB CHAMBER OF COMMERCE 52-1529937 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**-**\$

	Title Organizations Maintaining C	•			•			ntinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	a significant us	se of its collection	1	
а	Public exhibition	d	Γ	Loan or excha	ange programs			
ь	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c	collections and explain how	w the	v further the or	ganization's ex	empt purpose in		
•	Part XIV	concetions and explain not	v ciic	y further the of	gamzacions cx	empe purpose m		
5	During the year, did the organization solicit						Yes	□No
Dar	assets to be sold to raise funds rather than  Trust, Escrow and Custodial	<u> </u>						,
Fai	Part IV, line 9, or reported an a				iization answe	ered res to ro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>5</i> 0,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	odian or other intermediary	for c	ontributions or	other assets n		Yes	Г No
b	If "Yes," explain why in Part XIV and comp	lete the following table						
						A mou	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	Form 990, Part X, line 21?				Γ,	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XI							
Pa	rt V Endowment Funds. Complete		wer				NEQUE V	ears Back
1a	Beginning of year balance	(a)Current fear (b)	PHOL	rear   (c) iwo	rears back (d)	filee fears back   (e)	rour re	ears back
ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the ye	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
c	Term endowment ►							
3a	Are there endowment funds not in the posse	ession of the organization	thata	are held and ad	ministered for t	:he		
	organization by					<u> </u>	Yes	No
	(i) unrelated organizations		•			3a(i)		
L	(ii) related organizations					3a(ii)		<u> </u>
ь 4	Describe in Part XIV the intended uses of t	•				3b		
	t VI Investments—Land, Building				rt X line 10			
1 41	•	35, una Equipment S		a) Cost or other	(b)Cost or other			
	Description of investment			sis (investment)	basis (other)	(c) Depreciation	(d) B	ook value
1a	Land							
b	Buildings							
с	Leasehold improvements							
d	Equipment				288,851	259,440		29,411
	Other				82,779	79,143		3,636
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	Form 990, Part X, column (B)	), line	10(c).)	•	·		33,047
	· · · · · · · · · · · · · · · · · · ·					Schedule D (F	orm 9	90) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,535,040
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,182,451
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	352,589
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	352,589
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	1,649,912
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	114,872
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,535,040
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,535,040
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,297,323
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	114,872
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,182,451
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4с	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,182,451

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special events expense \$114872
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special events expense \$114872

Part XIV Supplemental Information(continued)							
Ident if ier	Return Reference	Explanation					
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special events expense \$114872					
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special events expense \$114872					

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE G** 

Department of the

Internal Revenue

Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493320047659

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Serv	/ice						
	ne of the organization TIONAL US ARAB CHAMB	EROFCOMMERCE				Employer ide	ntification number
						52-1529937	
Pa	rt I Fundraising Ad	<b>ctivities.</b> Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1	Indicate whether the orga	anızatıon raısed funds	through a	ny of the	following activities Ch	eck all that apply	
а	Mail solicitations					non-government grants	
Ь	Email solicitations					government grants	
c	Phone solicitations				g   Special fundrai	sing events	
d	In-person solicitation	ns					
2a b	Did the organization have or key employees listed i If "Yes," list the ten highe to be compensated at lea	n Form 990, Part VII est paid individuals or	i) or entity r entities (f	ın connec fundraise	ction with professional f rs) pursuant to agreemo	fundraising activities? ents under which the fui	
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	al .			<b>b</b>	1		

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

Calcaborate	Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					r <b>repor</b>	ted
1   Gross receipts   118,631   118					<b>(b)</b> Event #2	(c) O ther Events	(Add co	ol <b>(a)</b> th	
Samus line 2)   Samus line 2   Sam					(event type)	(total number)	'	01 <b>(C)</b> )	
Samus line 2)   Samus line 2   Sam	₽	1	Grace recounts	118,631				11	8,631
Samus line 2)   Samus line 2   Sam	Ē.	2	·						
## Cash Prizes	<b>₽</b>								
Solution		3		118,631					8,631
a Direct expense summary Add lines 4 through 7 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  1 Gaming. Complete if the organization answered "Yes" to 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 (Add over gaming gaming (Add over gaming gaming gaming (Add over gaming g		4	Cash Prizes						
a Direct expense summary Add lines 4 through 7 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  1 Gaming. Complete if the organization answered "Yes" to 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 (Add over gaming gaming (Add over gaming gaming gaming (Add over gaming g	Direct Expenses	5	Non-cash Prizes						
a Direct expense summary Add lines 4 through 7 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  9 Net income summary Combine lines 3 and 8 in column (d).  1 Gaming. Complete if the organization answered "Yes" to 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 (Add over gaming gaming (Add over gaming gaming gaming (Add over gaming g		6	Rent/Facility costs						
Saming. Complete lines 3 and 8 in column (d).  Saming. Complete if the organization answered "Yes" to 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 (Add col (a) through col (c) (d) Total gaming (Add col (a) through col (c) (e) the gaming in the state (s) in which the organization operate gaming activities in each of these states?  Yes No  Part IIV  (d) Total gaming (Add col (a) through col (c) (d) Total gaming (Ad		7	Other direct expenses	114,872	2			11	4,872
Saming. Complete lines 3 and 8 in column (d).  Saming. Complete if the organization answered "Yes" to 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 (Add col (a) through col (c) (d) Total gaming (Add col (a) through col (c) (e) the gaming in the state (s) in which the organization operate gaming activities in each of these states?  Yes No  Part IIV  (d) Total gaming (Add col (a) through col (c) (d) Total gaming (Ad		8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			11	4,872
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add on through col (c) Add on		9	Net income summary Combine li	nes 3 and 8 ın column (d	)				3,759
bingo/progressive bingo  local (a) through col (c)  local (c)  local (d) through col (c)  local (d) th	Par	t III			"Yes" to Form 990, Pa	art IV, line 19, or rep	orted mo	re thai	า
2 Cash prizes	evenue			(a) Bıngo	bingo/progressive	(c) O ther gaming			
3 Non-cash prizes	~	1	Gross revenue						
5 Other direct expenses		2	Cash prizes						
5 Other direct expenses	pens	3	Non-cash prizes						
6 Volunteer labor	<u>ត</u> ស	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	<u>D</u>	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	l '		'_ · · · · · · · · · · · · · · ·			
P Enter the state(s) in which the organization operates gaming activities  a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add line	s 2 through 5 in column (	d)				
9 Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)				
a Is the organization licensed to operate gaming activities in each of these states?								Yes	No
b If "No," Explain  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain  10a  Does the organization operate gaming activities with nonmembers?									
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  If "Yes," Explain  Does the organization operate gaming activities with nonmembers?				gaining activities in each	Torthese states?		· 9a	-	<u> </u>
b If "Yes," Explain  11 Does the organization operate gaming activities with nonmembers?									
b If "Yes," Explain  11 Does the organization operate gaming activities with nonmembers?									
11 Does the organization operate gaming activities with nonmembers?							10	a	-
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	U	11 1	res, Explain						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	11						11		<u> </u>
	12								

				<del></del>
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •	-		
	Address •	-		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
Ь	If "Yes," enter the amount of gaming revenue received by the organization * \$ and the amount of gaming revenue retained by the third party * \$			
c	If "Yes," enter name and address			
	Name Name			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320047659

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Schedule J

(Form 990)

Name of the organization
NATIONAL US ARAB CHAMBER OF COMMERCE

Employer identification number

52-1529937

Pai	rt I Questions Regarding Compensati	ion			
				Yes	Νo
1a		provided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b		
2	· · ·	o reimbursing or allowing expenses incurred by all ive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check al				
	✓ Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990	0, Part VII, Section A, line 1a			
а	Receive a severance payment or change of contro	ol payment?	4a		Νo
b	Participate in, or receive payment from, a suppler	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A , line 1a, did the organization provide any non-fixed ," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	I, paid or accured pursuant to a contract that was d in Regs section 53 4958-4(a)(3)? If "Yes," describe			

Cat No 50053T

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
David Hamod	238,333			6,750		245,083	200,000
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						
	i)						
	ii)						

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

**Software ID:** 08000091

Software Version: 2008v2.7

**EIN:** 52-1529937

Name: NATIONAL US ARAB CHAMBER OF COMMERCE

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
--------------	------------------	-------------

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization NATIONAL US ARAB CHAMBER OF COMMERCE Employer identification number

52-1529937

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, conflict of interest policy and financial statements are made available in response to reasonable requests made

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	· · · · · · · · · · · · · · · · · · ·	Copy of the Form 990 is reviewed by management before it is provided to the Borad or its authorized representative

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 9b	Form 990, Part VI, Line 9b Explanation of No Written Policies and Procedures for Chapters, Branches	Branches are under the direct control of the Washington, DC office

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	NUSACC is an American, not-for-profit organization (501-c-6) with a membership that consists of U S and Arab businesses representing a wide range of sectors. Most of NUSACCs members are small and medium-sized enterprises (SMEs), but NUSACC also includes numerous Fortune 500 companies among its members. Membership is available to institutions, not individuals, and each institution (company, firm, association, think tank, etc.) must designate a primary and secondary contact. Unless otherwise instructed, NUSACC sends all materials to the attention of the primary contact.

Cat No 51056K