Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 cal	lendar year, or tax year	beginning	9/1/2022	, and e	nding	8	/31/2023	}		
В	Check if a	pplicable:	C Name of organization	NATIONAL C	OUNCIL ON US-ARAB	RELATIONS	l l	D Employ	er identifi	cation num	ber	
	Address o	hange	Doing business as									
一		-	Number and street (or P.	O. box if mail is not	delivered to street address	Room/suite	5	2-12965	02			
Ш	Name cha	ange	1730 M STREET NW	SUITE 503			Ī	E Telepho	one numbe	r		
	Initial retu	rn	City or town		State	ZIP code	/	202) 202	6466			
$\overline{\Box}$			WASHINGTON		DC	20036	7	202) 293	-0400			
Щ	Final return	terminated	Foreign country name	Foreign	province/state/county	Foreign postal	code					
	Amended	return					(G Gross r	eceipts \$		2,2	75,715
Ħ			F Name and address of pri	noinal officer:						. , , г	٦, ١	V
Ш	Applicatio	n pending	·	•				s a group retu		-	=	X No
			JOHN PRATT 1730 N	ISTREETSTE	503, WASHINGTON	, DC 20036	H(b) Are	all subordin	ates includ	led?	Yes	No
1	Tax-exen	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "N	lo," attach a	ı list. See ir	nstructions		
J	Website:	WW	/W.NCUSAR.ORG				H(c) Grou	up exemptio	n number			
<u> </u>				F	.ti	LV				N-4 6 11		
		organization		Trust Associa	other Other	L rea	ar of format	ion: 198	3 1413	state of legal	domicile:	DC
	art I		mmary									
4	1		escribe the organization							ING, DIA	LOGUE	AND
ဦ		BONDS	OF FRIENDSHIP BET	TWEEN THE A	MERICAN PEOPLE A	AND THE PEO	PLES OF	THE AF	rab wo	RLD		
Activities & Governance							<u>/) </u>					
ě	2	Check th	nis box if the o	rganization dis	continued its operation	ns or disposed	of more	than 25%	6 of its n	et assets		
Ó	3		of voting members of	-					3			10
ಶ	4		of independent voting						4			9
es	5		mber of individuals em						5			8
ξ									6			
Ę	6		mber of volunteers (es									8
Q	7a		related business rever						7a			0
	b	Net unre	elated business taxable	e income from i	orm 990-1, Part I, Iin	<u>e 11</u>			7b			
		0 1 1		V (11)				Prior Year	70 500	Cur	rent Year	
ne	8		itions and grants (Part						78,589			24,919
Revenue	9		n service revenue (Par						20,443			44,876
ě	10		ent income (Part VIII, o						66,953		1	88,067
ш	11		venue (Part VIII, colun						30,813			16
	12	Total rev	enue—add lines 8 throu	gh 11 (must equ	al Part VIII, column (A)	, line 12). .		7	96,798		1,3	57,878
	13	Grants a	and similar amounts pa	iid (Part IX, col	umn (A), lines 1–3).				0			0
	14	Benefits	paid to or for member	s (Part IX, colu	mn (A), line 4)				0			0
S	15	Salaries,	other compensation, en	nployee benefits	(Part IX, column (A), li	nes 5–10) . .		1,0	29,125		1,0	29,381
Expenses	16a		onal fundraising fees (0			0
be.	b		ndraising expenses (Pa		,	55,144						
ŭ	17		penses (Part IX, colur					3	19,833		5	09,604
	18		penses. Add lines 13-						48,958			38,985
	19		e less expenses. Subtr	,	. , ,				52,160			81,107
7 6	3	Ttovona	o lood experiede: Odbit	dot into 10 from	111110 12		Beginnir	ng of Curre		End	of Year	
ets	20	Total as	sets (Part X, line 16).						51,342			56,708
Ass	21		bilities (Part X, line 26)						55,278			30,992
Net Assets or	22		ets or fund balances. S						96,064			25,716
	art II		nature Block				l		00,00		_,-	
			y, I declare that I have examin	ned this return, incli	ıding accompanying schedu	les and statements	. and to the	best of my	knowledge	e		
			ct, and complete. Declaration						_			
0:												
Sig	_	Signatu	ure of officer					Date				
Here			I PRATT			CHA	IR					
			Type or print name and title			-						
		Prin	t/Type preparer's name		Preparer's signature		Date	T	_	PTI	N	
Ра	id								Check	if		
	eparer	Jeff	rey Griffith		Jeffrey Griffith		4/1	/2024	self-empl	oyed P0	108143	3
	e Only		i's name Alta CPA (Group			1	Firm's EIN	<u>82-1</u> 6	50312		
	· · · · ·		ı's address 59 Franklir	St 2nd Floor.	Annapolis, MD 21401			Phone no.	(410)	349-5101		
Ma	v the IR		s this return with the p								Yes	No

Form 9	90 (2022) NATIONAL COUNCIL ON US-ARAB RELATIONS	52-1296502 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO IMPROVE UNDERSTANDING, DIALOGUE AND BONDS OF FRIENDSHIP BETWEEN THE AME THE PEOPLES OF THE ARAB WORLD	:RICAN PEOPLE AND
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?	on Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program se expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a the total expenses, and revenue, if any, for each program service reported.	
4a	THE MODEL ARAB LEAGUE - OFFERS STUDENTS OPPORTUNITIES TO LEARN PRACTICE, AN SKILS IN THE PROCESS THE PARTICIPANTS, STUDENTS, GUIDED BY FACULTY ADVISORS, E KNOWLEDGE AND UNDERSTANDING OF ARAB SOCIAL, ECONOMIC, CULTURAL AND POLITIC	DEEPEN THEIR AL ISSUES
4b	(Code:) (Expenses \$ 406,405 including grants of \$) (R ANNUAL POLICY MAKERS CONFERANCE GATHERS INTERNATIONALLY RENOWNED SPECIAL AND DEBATE IMPORTANT ISSUES TO THE AMERICAN AND ARAB PEOPLE'S NEEDS, CONCEPTOREIGN POLICY OBJECTIVES ARAB AND AMERICAN LEADERS FROM GOVERNMENT, THE MACADEME SHARE PRIVILAGED INFORMATION AND INSIGHT THAT IS VITALLY IMPORTANT TO ISSUES AND THE DIRECTION OF POLICY FORMULATION AND IMPLEMENTATION IN AMERICA ALIKE	LISTS TO ANALYZE, DISCUSS, RNS, INTERESTS, AND MILITARY, BUSINESS, AND D THE DEFINITION OF
4c	(Code:) (Expenses \$ 339,230 including grants of \$) (R	evenue \$)
.0	YOUTH INTERNSHIP PROGRAMS - OFFER UNDERGRADUATE AND GRADUATE STUDENTS AN MIX OF PROFESSIONAL INVOLVEMENT, INTELLECTUAL CHALLENGE, CAREER EXPLORATION PARTICIPATION IN TWICE WEEKLY SEMINARS DESIGNED TO PROVIDE THEM GREATER DEP THE ARAB WORLD, TO UNDERSCORE THE CULTURAL, ECONOMIC AND POLITICAL DIVERSIT EXPLORE THE INTRICACIES OF ARAB-U S RELATIONS	NENERGIZING AND DEMANDING NAND CULTURAL ENCOUNTER THOF KNOWLEDGE ABOUT

0)(Revenue \$

Other program services (Describe on Schedule O.)

268,420 including grants of \$

1,321,519

4d

4e

(Expenses \$

Total program service expenses

0)

Part		2-1296502	P	age 🕻
			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	<u>1</u>	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
_	"Yes," complete Schedule D, Part I	<u>6</u>		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			V
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		^	
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	· · · 		$\stackrel{\sim}{\vdash}$
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Â
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	<u>11a</u>	^	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			$\stackrel{\wedge}{\vdash}$
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Ĥ
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple	te		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes	5,"		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			l
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ī I	1

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لہ	to defease any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b		200		^
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			Ĥ
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		\ \
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		_
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Y
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			Ť
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		Χ
37	Did the organization conduct more than 5% 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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		J 30	^	
- al	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	1

Form 9	90 (2022) NATIONAL COUNCIL ON US-ARAB RELATIONS 52-129	6502	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Χ
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Χ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ь—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12-		
а		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
^	the organization is licensed to issue qualified health plans			
C 140		140		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		\vdash
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		\vdash
13		4-		_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069			

Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0		
40	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	V	
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	160		~
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sact	ion C. Disclosure	100		
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(0)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icv.		
	and financial statements available to the public during the tax year.	-,,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PATRICK MANCINO (202) 293-6466			
	1730 M STREET NW STE 503 WASHIGNTON DC 20036			

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. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

				(0	C)				
40	(5)				ition		(7)		(-)
(A) Name and title	(B) Average					than one is both ar	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours		er and	d a d	irecti	or/trustee)	compensation	compensation	of other
	per week (list any	or Ind	Ins	Officer	Ke	Highest compensated employee	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual or director	ituti	Cer	em	nest ploy	1099-MISC/	1099-MISC/	organization and
	related organizations	tor to	ona		oldt	ee con	1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Institutional trustee		/ee	nper			
	dotted line)	ď	stee			nsat			
						ed			
(1) DR. JOHN DUKE ANTHONY	40.00								
PRESIDENT & CEO	0.00	Χ		Χ			231,649	0	59,246
(2) PATRICK MANCINO	40.00								
EXECUTIVE VICE PRESIDENT	0.00			Х			214,651	0	55,430
(3) MARK MOROZINK	40.00								
VICE PRESIDENT & COMMUNICATIONS DIRECTO	0.00			Х			165,000	0	0
(4) JOHN PRATT	0.00								
CHAIRMAN	0.00	Х		Χ			0	0	0
(5) ELIZABETH WOSSEN	0.00								
TREASURER	0.00	Х		Х			0	0	0
(6) SUSAN WILSON BYNUM	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(7) ABBAS DAHOUK	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(8) RAYMOND JALLOW	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(9) PAIGE PETERSON	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(10) TOM SAMS	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(11) OLIVER ZANDONA	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(12) H. DELANO ROOSEVELT	0.00								
BOARD MEMBER	0.00	Х					0	0	0
(13)									
	i	1	1	1				1	

Form **990** (2022)

	990 (2022) NATIONAL COUNCIL ON US-									52-129		F	age 8
Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated En	ployees (contin	ued)		
	(A) Name and title	(B) Average hours	(C) Position (do not check more than box, unless person is bo officer and a director/tru				is both	an ee)	(D) Reportable compensation	(E) Reportable compensation		(F) nated ar of other	•
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	mpensa from the inizatior I organi	e n and
(15)										3			
(16)													
(17)													
(18)													
(19)													
(20)													
(21)			,	7									
(22)			*										
(23)													
(24)													
(25)		· C											
1b	Subtotal			•					611,300			11	4,676
C	Total from continuation sheets to Part VII, So								0				0
d	Total (add lines 1b and 1c)								611,300			11	4,676
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	IDOV	e) v	vno	recei	vea	more than \$100),UUU OT			3
												Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				ee,		-		ompensated 		3		Х
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd c	other	con	npensation from				
	the organization and related organizations greated individual	ter than \$150,00	00? <i>If</i>	ΎΥ ε	es,"	con	plete	Sc.	hedule J for suc	h	4	Х	
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	ny u	nrel	ated	orga	 anization or indiv	≀idual		Λ	
	for services rendered to the organization? If "Yo	es," complete So	chedu	ıle J	for	suc	h per	rsor)		5		Χ
Sect 1	ion B. Independent Contractors Complete this table for your five highest compe	neated indones	dent 1	cont	ract	Orc	that "	-000	aived more than	\$100 000 of			
	compensation from the organization. Report co												
	(A) Name and business add	ress							(B) Description of ser	vices ((C Comper		ı
													0
													0
													0
													0
2	Total number of independent contractors (inclu	ding but not limit	ted to	tho	دو ا	iste	d aho	we)	who received				

0

more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in	this Part VIII			📙
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns	0				
ant	b	Membership dues	0				
G.	С	Fundraising events					
ts, An	d	Related organizations					
Gif	e	Government grants (contributions) 1e					
imi	_	All other contributions, gifts, grants, and	0				
ior	f		924.040				
Contributions, Gifts, Grants and Other Similar Amounts			824,919				
ğ G	g	Noncash contributions included in					
So la			\$ 0				
)	h	Total. Add lines 1a–1f		824,919			
_			Business Code				
<u>e</u>	2a	PROGRAM REVENUE	900099	344,876	344,876		
<u>e</u> ≦	b			0			
ıram Ser Revenue	С			0			
الا ع	d			• 0			
<u> </u>	е			0			
Program Service Revenue	f	All other program service revenue		0			
₾	q	Total. Add lines 2a–2f		344,876			
	3	Investment income (including dividends, interest		011,010			
	•	other similar amounts)		129,587			129,587
	4	Income from investment of tax-exempt bond pr		0			129,301
	5	Royalties	(ii) Personal	0			
	•		(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	` /	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 976,31	7 0				
ne	b	Less: cost or other basis					
en		and sales expenses 7b 917,83	7 0				
Revenue	С	Gain or (loss) 7c 58,48					
er F	d			58,480			58,480
Othe	8a	Gross income from fundraising		,			·
ō		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events .		0			
	9a	Gross income from gaming activities.	1	J			
	Ja	See Part IV, line 19 9a	0				
	L		-				
	b						
	С	Net income or (loss) from gaming activities	· · · · · ·	0			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	-				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory .		0			
<u>s</u>			Business Code				
je je	11a	MISCELLANEOUS INCOME	900099	16	16		
an in	b			0			
Miscellaneous Revenue	С			0			
S R	d	All other revenue		0			
Ξ	e	Total. Add lines 11a–11d		16			
	12	Total revenue See instructions		1 357 878	344 892	0	188 067

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all c	olumns. All other organizations must c	omplete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. 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	696,091	586,318	79,146	30,627				
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	229,614	193,404	26,107	10,103				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	22,645	19,073		997				
9	Other employee benefits	25,642	21,598	2,915	1,129				
10	Payroll taxes	55,389	46,654	6,297	2,438				
11	Fees for services (nonemployees):								
а	Management	0							
b	Legal	0	*						
C	Accounting	26,222	22,087	2,981	1,154				
d	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	U							
g	(A), amount, list line 11g expenses on Schedule O.)	0		0					
12	Advertising and promotion	44,701	44,701	U					
13	Office expenses	33,918	14,691	18,664	563				
14	Information technology	12,824	10,802	1,458	564				
15	Royalties	0	10,002	1,400	004				
16	Occupancy	145,712	122,733	16,568	6,411				
17	Travel	42,653	38,817	3,422	414				
18	Payments of travel or entertainment expenses	12,000	00,011	0,122					
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	178,798	178,798						
20	Interest	0	,						
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	149	126	16	7				
23	Insurance	16,650	14,024	1,894	732				
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	PRINTING	7,966	7,684	277	5				
b	OTHER EXPENSES	11	9	2					
С		0							
d		0							
е	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	1,538,985	1,321,519	162,322	55,144				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)	1		l l					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	140,090	1	549,694
	2	Savings and temporary cash investments	136,072	2	348,444
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	2,996	4	2,656
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
155	8	Inventories for sale or use	0'	8	
٩	9	Prepaid expenses and deferred charges	5,060	9	10,000
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 37,164			
	b	Less: accumulated depreciation	2,871	10c	2,722
	11	Investments—publicly traded securities	2,674,453	11	1,894,289
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	89,800	15	348,903
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,051,342	16	3,156,708
	17	Accounts payable and accrued expenses	33,817	17	42,128
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jap		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	21,461	25	288,864
	26	Total liabilities. Add lines 17 through 25	55,278	26	330,992
es		Organizations that follow FASB ASC 958, check here X			
an		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	2,996,064	27	2,825,716
P	28	Net assets with donor restrictions	0	28	
٦		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
Š	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et	32	Total net assets or fund balances	2,996,064	32	2,825,716
<u>z</u>	33	Total liabilities and net assets/fund balances	3,051,342	33	3,156,708

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,357	7,878
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,985
3	Revenue less expenses. Subtract line 2 from line 1	3		-18	1,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,996	6,064
5	Net unrealized gains (losses) on investments	5		1(0,759
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		2,82	5,716
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			l ^	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		0-	V	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
20	Schedule O. As a regult of a federal gward, was the organization required to undergo an guilt or guilt as set forth in the				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		2-		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>		Х
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required addit of addits, explain wify on somedule of and describe any steps taken to didding Such addits		. 130	1	1

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

rust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990 or Form 990-EZ.

Name of the organization

NATIONAL COUNCIL ON US-ARAB RELATIONS

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Part		Reason for Public Char								
The c	orga	inization is not a private foundat	•	_	_		•			
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organizatio			•	, , , , , , ,		iter the		
•		hospital's name, city, and state								
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmen	ntal unit described in s e	ection 170	(b)(1)(A)(v).			
7	Χ	An organization that normally redescribed in section 170(b)(1) (m a gove	rnmental u	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
9		An agricultural research organizor university or a non-land-granuniversity:								
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt functio income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its		
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See s e	ection 509)(a)(4).			
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).		
а	[Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a						
b	_	Type II. A supporting organization(s). You must of the organization(s). You must organization(s).	e supporting organi	zation vested in the sa						
С		Type III functionally integrated its supported organization(s)	ated. A supporting o	organization operated i				rated with,		
d		Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att			
е	ſ	requirement (see instruction Check this box if the organize						االم		
•	L	functionally integrated, or Ty					Type I, Type II, Typ			
f		Enter the number of supported						(0	
g		Provide the following information Name of supported organization	about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of	_	
	(-)		()	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)									_	
(E)										
Total							0	()	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	984,556	783,589	1,092,783	599,032	1,116,795	4,576,755
2	Tax revenues levied for the						
	organization's benefit and either paid					A	
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	984,556	783,589	1,092,783	599,032	1,116,795	4,576,755
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						712,381
6	Public support. Subtract line 5 from line 4						3,864,374
Sec	ction B. Total Support						• • •
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	984,556	783,589		599,032	1,116,795	4,576,755
8	Gross income from interest, dividends,	001,000	700,000	1,002,100	000,002	1,110,700	4,070,700
Ū	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	112,872	125,035	97,494	91,493	129,587	556,481
9	Net income from unrelated business	112,012	123,033	31,434	31,433	123,307	330,401
9	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or	*					
10	loss from the sale of capital assets						
	(Explain in Part VI.)			2,900	30,813	16	33,729
44	Total support. Add lines 7 through 10			2,900	30,613	10	5,166,965
11 12	Gross receipts from related activities, etc. (se	as instructions)				12	5,100,905
13						12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here.						
	· · ·						
Sec	ction C. Computation of Public Su					<u> </u>	
14	Public support percentage for 2022 (line 6, c		•	. ,,		14	74.79%
15	Public support percentage from 2021 Sched					15	89.51%
16a	33 1/3% support test—2022. If the organiz						<u> </u>
	and stop here. The organization qualifies as	s a publicly support	ed organization .				X
b	33 1/3% support test—2021. If the organize						
	box and stop here. The organization qualified	es as a publicly sup	oported organizatio	n			
17a	10%-facts-and-circumstances test—2022						
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts		_				1
	organization						· · · · · <u>L</u>
b	10%-facts-and-circumstances test—2021	-					
	15 is 10% or more, and if the organization m in Part VI how the organization meets the factorial and the second se				•		
	organization		•	•			
10							· · · · <u>L</u>
18	Private foundation. If the organization did r	iot check a box on	iiie 13, 16a, 16b,	i/a, or 1/b, check	uils box and see		Г

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				/)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year	_			_	_	0
_	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						•
800	tion B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	(1) Total
	Gross income from interest, dividends,	0	-	0	Ŭ	Ŭ	
iva	payments received on securities loans, rents,	•					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	A (
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		-			-	
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	•		•	(/ (/		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su		_			1	
15	Public support percentage for 2022 (line 8, c		-			15	0.00%
	Public support percentage from 2021 Sched					16	0.00%
	tion D. Computation of Investmer					-	
17	Investment income percentage for 2022 (line		-			17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
19a	33 1/3% support tests—2022. If the organi						Г
h	not more than 33 1/3%, check this box and \$	-			-		
D	33 1/3% support tests—2021. If the organiline 18 is not more than 33 1/3%, check this						Γ
20	Private foundation. If the organization did	_	=				
	a.o roaniaasioni n ino organization dia i	or room a box off		~, JIIJJK UIIJ DUA C			

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
4		
10b		

Schedul	e A (Form 990) 2022 NATIONAL COUNCIL ON US-ARAB RELATIONS	52-1296502	Р	age 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b ar			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p.			
Cooti	detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the governing hady members of the governing hady officers esting in their official conseits, or membership of on	A	res	NO
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	DCI 5.		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su	inported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount	W.		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	ırt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0 41	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations		V	NI.
	Did the appropriation provide to each of its appropriations but the least day of the fifth provide of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the p			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," <i>explain in</i> Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s,			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations ha			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instruction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	ntal entity (see instruct	tions).	
2	Activities Test. Answer lines 2a and 2b below.	•		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	163	
u	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purpose	es.		
	how the organization was responsive to those supported organizations, and how the organization determin			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involveme	nt,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain	ı in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	n		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regar	<i>rd.</i> 3b		Ш_

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 <i>(explain</i>)	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c.		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			_
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non functionally	, into	parated Type III supporting	organization (soc

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	'''	ot purposes of supported	1	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	I	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
<u> </u>	From 2018			
<u>c</u>	From 2019			
<u>d</u>	From 2020			
<u>e</u>	From 2021			
f	Total of lines 3a through 3e	0	0	
<u>g</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount		0	0
	Carryover from 2017 not applied (see instructions)			U
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from	, ,		
	Section D, line 7: \$ 0			
<u>a</u>			0	
	Applied to 2022 distributable amount	•		0
<u>c</u>	Tromandor. Captact med la arta ib nominio i.	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result		0	
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
	Excess distributions carryover to 2023. Add lines 3j			0
7	and 4c.	0		
8	Breakdown of line 7:	0		
<u>о</u> а	Excess from 2018 0			
<u>a</u> b	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
	Excess from 2022 0			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	• 0

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number NATIONAL COUNCIL ON US-ARAB RELATIONS Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part		Organizations Maintaining C	ollec	tions of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	t s (conti	าued)	
3	Using	the organization's acquisition, ac	cessio	on, and other	records,	check any	of the followi	ing that	make significan	t use of it	s	
	collec	ction items (check all that apply):				_						
а	F	Public exhibition			d	Loan or	exchange pro	ogram				
b		Scholarly research			e X	Other	ON DISPLAY	Y AT N	CUSAR OFFICE			
С	F	Preservation for future generations	3									
4		de a description of the organizatio		llections and	explain h	ow they fu	irther the orga	anizatio	n's exempt purp	ose in Pa	ırt	
5		g the year, did the organization so s to be sold to raise funds rather t									es	No
Part	IV E	Escrow and Custodial Arran	aem	ents.					4-5-1			
	(Complete if the organization a 990, Part X, line 21.			n Form 9	990, Part	IV, line 9, c	or repo	rted an amour	nt on Fo	m	
1a		organization an agent, trustee, colled on Form 990, Part X?				-		ther ass	ets not	☐ Y €	es 🗌	No
b		s," explain the arrangement in Pa								Amount	~ <u></u>	
С	Regin	nning balance						10		Amount		0
d	_	ions during the year						10				
e		butions during the year						16				
f		ng balance						1f	:			0
2a	Did th	ne organization include an amount	t on Fo	orm 990, Par	t X, line 2	1, for escr	ow or custodi	al acco	unt liability?	Ye	es X	No
b	If "Ye	s," explain the arrangement in Pa	rt XIII.	Check here	if the expl	anation ha	as been provi	ded on	Part XIII			
Part	V	Endowment Funds.			. •							
	(Complete if the organization a	nswe	red "Yes" o	n Form 9	990, Part	IV, line 10.					
			(a) (Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a		nning of year balance		0	V	0		0				
b		ibutions										
С		nvestment earnings, gains,										
		osses		+ .(
d		ts or scholarships										
е		expenditures for facilities										
		orograms		4								
T		nistrative expenses		0		0				0		
g		of year balance L de the estimated percentage of th	2 21 42		halanaa (0	luman (a)) hal	0		0		0
a		de the estimated percentage of the designated or quasi-endowment	· = `	ent year end	%	iiie ig, co	numm (a)) nem	u as.				
a b		anent endowment		%								
C			%	70_								
·		percentages on lines 2a, 2b, and 2		uld egual 100)%.							
3a	-	nere endowment funds not in the	_	-		n that are	held and adr	minister	ed for the			
		nization by:									Yes	No
	•	Unrelated organizations								3a(i)		
	` '									3a(ii)		
b		s" on line 3a(ii), are the related or	ganiza	ations listed a	as required	d on Sche	dule R?			3b		
4	Desci	ribe in Part XIII the intended uses	of the	organization	's endowr	nent funds	S.					
Part		and, Buildings, and Equipn										
		Complete if the organization a	nswe	red "Yes" o	n Form 9	990, Part	IV, line 11a	a. See	Form 990, Pai	rt X, line	10.	
		Description of property		(a) Cost or ot (investm		` '	or other basis other)		Accumulated lepreciation	(d) B	ook value	3
1a	Land				0		0					0
b	Buildi	ings]		0		5,048		2,326			2,722
С	Lease	ehold improvements]		0		0		0			0
d	Equip	oment]		0		32,116		32,116			0
е		<u> </u>			0		0		0			0
Total	. Add I	ines 1a through 1e. (Column (d) n	<u>nust</u> e	qual Form 99	00, Part X,	column (E	3), line 10c.) .	<u>.</u>	<u></u>		<u> </u>	2,722

Schedule D (Form 990) 2022 NATIONAL COUNCIL ON US-A	ARAB RELATIONS	52-1296502 Pag	ge 3
Part VII Investments—Other Securities.			
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0		
Part VIII Investments—Program Related.			
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
_ (8)			
(9)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Part IX Other Assets.	0		
	"Ves" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value	
(1) ARTIFACTS COLLECTION			,800
(2) BOOK COLLECTION			000
(3) RIGHT OF USE ASSET		259,	103
(4)	-		
(5)			
(6)			
(7)			
(8)			
(9)		0.40	
Total. (Column (b) must equal Form 990, Part X, col. (B) In	ine 15.)		903
Part X Other Liabilities.	\/	Deat IV line 44- an 445 Cas Farms 000 Deat V	
line 25.	res on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,	
1. (a) Description	tion of liability	(b) Book value	
(1) Federal income taxes			0
(2) LEASE OBLIGATION LIABILITY		288,	864
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).

288,864

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1	Total revenue, gains, and other support per audited financial statements	1 1,368,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,000,007
– a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 10,759
3	Subtract line 2e from line 1	3 1,357,878
4	Amounts 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 XIII.)	
С	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,357,878
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	leturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 1,538,985
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c d	Other losses	
e		2e 0
3	Add lines 2a through 2d	3 1,538,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1,555,555
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,538,985
	XIII Supplemental Information.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat	ion.
Part I	III Line 4 DONATED ISLAMIC POTTERY COLLECTION ON DISPLAY AT THE ORGANIZATIONS OFFICE	
HELF	P FURTHER THE ORGANIZATIONS EDUCATIONAL MISSION ENHANCING AMERICAN AWARENESS, KI	NOWLEDGE
AND	UNDERSTANDING OF THE ISLAMIC WORLD.	
Part)	X Line 2 THE COUNCIL IS INCORPORATED UNDER THE LAWS OF THE DISTRICT OF COLUMBIA FOR	
CHAF	RITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS DEFINED BY SECTION 501(C)(3) OF THE	
INTE	RNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED T	O THE
COUI	NCILS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN TH	-HE
OPIN	IION OF MANAGEMENT, THE COUNCIL HAS UNRELATED BUSINESS INCOME LESS THAN THE THRES	3HOLD
REQ	UIREMENT TO PAY UNRELATED BUSINESS TAX. ACCORDINGLY, NO PROVISION FOR FEDERAL INC	OME
TAXE	ES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE	
COU	NCIL QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(√I)
AND	HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SEC	ΓΙΟΝ
	A)(1).	

Schedule D (Form 990) 2		52-1296502	Page 5
Part XIII Supp	plemental Information (continued)		
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

<u> 2022</u>

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL COUNCIL ON US-ARAB RELATIONS 52-1296502 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization? 5a Χ Any related organization? . . . Χ 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?. 6a Any related organization?. 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?.

52-1296502

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		<u> </u>				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
DR. JOHN DUKE ANTHONY	(i)	231,649	0	0	22,967	36,279	290,895	
1 PRESIDENT & CEO	(ii)						0	
PATRICK MANCINO	(i)	214,651	0	0	21,244	34,186	270,081	
2 EXECUTIVE VICE PRESIDENT	(ii)						0	
MARK MOROZINK	(i)	165,000	0	0	0	0	165,000	
3 VICE PRESIDENT & COMMUNICAT							0	
	(i)							
4	(ii)			•				
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)		•	•				
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_ 11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part II.
for any additional information.
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

NATIONAL COUNCIL ON US-ARAB RELATIONS	52-1296502
Form 990, Part III, Line 4d: Program Service Expenses: 102,051, Grants and allocations: 0,	
Revenue: 0 HON. JP MALONE FELLOWSHIP \$102,051	
Form 990, Part III, Line 4d: Program Service Expenses: 166,369, Grants and allocations: 0,	
Revenue: 0 PUBLIC AFFAIRS BRIEFINGS \$166,369	
Form 990, Part VI, Section B, Line 11B: THE ORGANIZATION CIRCULATES VIA EMAIL THE DI	RAFTED FORM
990 TO THE BOARD MEMBERS PRIOR TO FINALIZING)
Form 990, Part VI, Section B, Line 12C: ANNUALLY EACH BOARD MEMBER IS REMINDED OF	THE CONFLICT
OF INTEREST POLICY AND TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THAT	MAY EXIST
Form 990, Part VI, Section B, Line 15: SURVEY OF COMPARABLE NON PROFITS IN THE FIEL	_D IS
CONDUCTED	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUM	IENTS,
CONFLICTS OF INTEREST POLICY & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C UPON REQUEST
• (C)	
. (7)	
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Schedule O (Form 990) 2022	_ Page 2
Name of the organization	Employer identification number
NATIONAL COUNCIL ON US-ARAB RELATIONS	52-1296502
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