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DLN: 93493137012100

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		pplicable Plea		r, or tax year beginning 10-01-2008 C Name of organization	-	9	D Employer ide	ntification number			
	fress ch	ange use	IRS	ARAB COMMUNITY CENTER FOR ECONOMIC	C & SOCIAL SERVICES		23-744449	7			
┌ _{Nar}	ne cha		or otor	Doing Business As			E Telephone nu	mber			
	ıal retu	type	e. See cific	Number and street (or P O box if mail is no		>\ D /t	(313) 842-7	010			
_	mınatıo	Inst	ruc-	2651 SAULINO COURT	ot delivered to street addre	ess) Room/suite	G Gross receipt	s \$ 17,495,016			
	ended :		15.	City or town, state or country, and ZIP + 4							
_				DEARBORN, MI 48120							
i Abt	nication	pending				1					
			: Nam 1AHA∣	ne and address of Principal Officer FRF11		H(a) Is thus	s a group return	for ┌Yes ✔ No			
		2	651 S	AULINO CT		allilla	les	j tes je no			
		•		ORN,MI 48120		H(b) Are all	affiliates include	d?			
I 1a:	x-exem	npt status 🔽	501(c)	(3) ◀ (insert no)	52/	1	•	See instructions)			
J W	eb sit	e: ► www Aco	cessCo	ommunity Org		H(c) Grou	p Exemption Nur	nber ►			
К Тур	e of org	ganization 🔽 C	Corporati	on		L Year of For	mation 1974 M :	State of legal domicile MI			
Pa	rt I	Summar	v								
			•	e organization's mission or most signif	ficant activities						
		ACCESS IS	A HUN	AAN SERVICES ORGANIZATION CO	MMITTED TO THE I	DEVELOPMEN	IT OF THE ARA	BAMERICAN			
ĕ				THE GREATER COMMUNITY TO S		., ACCESS PR	OVIDES A WID	E RANGE OF HUMAN			
<u> </u>		AND CULTU	JKALS	ERVICES AS WELL AS ADVOCACY	WORK						
Governance	2	Check this b	00× [f the organization discontinued its ope	erations or disposed o	of more than 2	5% of its assets				
			,	nembers of the governing body (Part V				36			
න් ග			-	dent voting members of the governing	•		_	1,489			
₽				aployees (Part V, line 2a)		,	 5	417			
Activities &				lunteers (estimate if necessary)			- 6 _	76			
đ	7a	Total gross	unrelat	ed business revenue from Part VIII, I	. •	7a _	0				
	ь	Net unrelate	d busi	ness taxable income from Form 990-T	Γ, line 34		7b				
					Prio	r Year	Current Year				
	8	Contributio	ns and	grants (Part VIII, line 1h)			14,130,676	16,259,680			
n je	9	Program se	rvice i	evenue (Part VIII, line 2g)			744,515	646,954			
Ravenu	10	Investment	t ıncon	ne (Part VIII, column (A), lines 3, 4, a	and 7d)		26,262	16,029			
亡	11	Other reve	nue (P	art VIII, column (A), lines 5, 6d, 8c, 9	oc, 10c, and 11e)		753,556	572,353			
	12		nue — a c	ld lines 8 through 11 (must equal Part	t VIII, column (A), lın	e	15,655,009	17,495,016			
	13	12)	cımıla	r amounts paid (Part IX, column (A), l	unes 1 – 3)		321,541	626,775			
	14			r for members (Part IX, column (A), II			321,341	020,779			
	15			mpensation, employee benefits (Part		5-					
82		10)		mpensation, employee benefits (care	17,		9,048,909	10,325,664			
Expenses	16a	Professiona	al fund	raising fees (Part IX, column (A), line			0				
.ਜ਼ੋ	ь	(Total fundra	ısıng exp	enses, Part IX, column (D), line 25 165,771							
	17	Otherexpe	nses (Part IX, column (A), lınes 11a–11d, 1		5,045,638	5,831,717				
	18	Total exper	nses—	add lines 13–17 (must equal Part IX,	line 25, column (A))		14,416,088	16,784,156			
	19	Revenue le	ss exp	enses Subtract line 18 from line 12			1,238,921	710,860			
\$ 50 \$ 08 \$ 08						Beginni	ng of Year	End of Year			
Set	20	Total asset	ts (Par	t X, line 16)			28,075,555	28,640,017			
Net Assets or Fund Balances	21	Total liabili	ities (P	art X, line 26)			1,150,357	1,541,559			
2 E	22	Net assets	or fun	d balances Subtract line 21 from line	20		26,925,198	27,098,458			
Pai	t II	Signatu	re Blo	ock			<u>'</u>				
		Under penaltie	es of pe	gury, I declare that I have examined this return forrect, and complete Declaration of preparer							
Plea Sign		****** Signature	of office	r		2010- Date	02-15				
Here		1.			Date						
		MAHA FRE Type or pr		e and title							
		 			ate	Check If	Preparer's PTIN (See Gen Inst \			
Do! a		Preparer's signature	BAHIYA		010-03-04	self-	Fichaigi 2 LIM (See Gen THSU)			
Paid Prens	arer's			DAUDYA FAWAT CO. DO	empolyed 🕨 🦳						
Use (Firm's name (if self-employe	ed),	P			EIN 🕨	EIN ▶			
J J J J	~···y	address, and z		15538 MICHIGAN AVE	Phono ma 1 /2:	b (2/2) ===					
				DEARBORN, MI 48126			Phone no 🕨 (3:	<u> </u>			
Mav t	he IR	S discuss thi	ıs retur	n with the preparer shown above? (Se	e instructions)		1				

Form **990** (2008)

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

1	Briefly describe the organization's mission ACCESS is a human services organization
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 5,730,523 including grants of \$) (Revenue \$ 142,397) COMMUNITY HEALTH, MENTAL HEALTH, AND RESEARCH PROVIDE MENTAL HEALTH ASSISTANCE THROUGH COUNSELING, PSYCHIATRY, CASE MANAGEMENT, HOME-BASED AND EARLY ON MENTAL HEALTH SERVICES TO THE COMMUNITY PROVIDE A FULLY INTEGRATED COMMUNITY HEALTH CENTER THAT PROVIDES BILINGUAL AND BICULTURAL SERVICES THAT INCLUDE FAMILY MEDICINE, OBSTETRICS AND GYNECOLOGY, BREAST CANCER EDUCATION AND SCREENING, WOMEN, INFANT, AND CHILDREN, TOBACCO EDUCATION AND CESSATIO, CARDIOVASCULAR AND DIABETES EDUCATION, SCREENING AN
46	(Codo) / Evpopos d 2 106 526 including graphs of d) / Dovopius d 25 420)
4Ь	(Code) (Expenses \$ 3,106,526 including grants of \$) (Revenue \$ 35,420) PROVIDE JOB TRAINING AND READINESS, BASIC SKILLS REMEDIATION, ESL TRAINING, OCCUPATIONAL TRAINING, SUPPORTIVE SERVICES, JOB PLACEMENT AND FOLLOW UP SERVICES FOR LOW INCOME INDIVIDUALS, LAID OFF WORKERS AND WELFARE RECIPIENTS THE PROGRAM ALSO PROVIDES TO THE COMMUNITY JOB SEARCH RESOURCES, INTERNET ACCESS PHONES, FAXES AND COPIERS, A COMPUTER LEARNING LAB AND FREE EMPLOYABILITY SKILLS AND RESUME WRITING WORKSHOPS THE PROGRAM ALSO HOSTS QUARTERLY JOB FAIRS
4c	(Code) (Expenses \$ 1,881,137 including grants of \$ 202,942) (Revenue \$ 16,510) PROVIDE NETWORK SUPPORTS AND DEVELOPMENT OF COMMUNITY BASED ORGANIZATIONS THAT CAN MEET THE NEEDS AND REPRESENT THE CONCERNS OF ARAB AMERICANS LOCALLY WHILE COLLECTIVELY ADDRESSING THESE CONCERNS NATIONALLY BY COMMUNICATING AND WORKING WITH ARAB AMERICAN SOCIAL SERVICE ORGANIZATIONS IN NINE STATES
	(Code) (Expenses \$ 3,517,806 including grants of \$) (Revenue \$) Social Services, Youth and Education Providing assistance to the community through counseling, Providing assistance to the community through counseling, assistance to the community through counseling,
4d	Other program services (Describe in Schedule O) (Expenses \$ 3,517,806 including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 14,235,992 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νo
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		
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	Yes	
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	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, 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		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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		Νο
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Νο
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		Νο
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			
	<i>IV</i>	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
С	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	Yes	
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	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	417			
h	If at least one is reported in 2a, did the organization file all required federal employr					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Enti	ty Regarding Prohibited	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?	hat su	ch contributions or gifts	6b		
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 cormore?	itribut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope					
	file Form 8282?			7c		No
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?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	file a F	orm 1098-C as	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 excess business holdings at any time during the	spons	oring organization, have	8		Νο
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders					
ь	Gross income from other sources (Do not net amounts due or paid to other sources	11a				
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu (of Form 1041?	12a		
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	

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 36	l l
b Enter the number of voting members that are independent 1b 1,489	
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?	No
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? 3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets? 5	No
6 Does the organization have members or stockholders?	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	
a the governing body?	Yes
b each committee with authority to act on behalf of the governing body?	Yes
9a Does the organization have local chapters, branches, or affiliates?	No
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	
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	Yes
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	No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	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
b	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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MI
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MAHA FREIJ 2651 SAULINO COURT DEARBORN

MI, MI 48120 (313) 842-7010

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			() tion hat a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							Ш			
							$\vdash \vdash \vdash$			
							$\vdash\vdash$			
							H			
							Ļ			
1b Total						i	<u> </u>	478,957	<u></u>	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	mo	re thar	ո \$1	00,000 ın reportabl	e	

compensation from the organization►4

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
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			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DR PRAVIN SONI 2030 BIRCHWOOD WAY BLOOMFIELD, MI 48302	PSYCHIATRIST	145,320
2 Total number of independent contractors (including those in 1) wh	o received more than \$1,00,000 in companyation	

Page **9**

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Kevende		312, 313, 61 311
\$ \$	ь	Membership dues	51,071				
죨		1b					
₽ğ	С	Fundraising events					
Contributions, gifts, grants and other similar amounts	d	Related organizations1d					
<u>0,≅</u>			11,770,075				
統	е						
美量	f	All other contributions, gifts, grants, and similar amounts not included above	4,438,534				
金吉		1f					
필	g	Noncash contributions included in lines 1a-1f \$					
Q a	h	Total (Add lines 1a-1f)		16,259,680			
			▶				<u> </u>
<u> </u>	3-		ess Code	524 500	634 500		
n e	2a	Fee & charges collected	624,100	624,509	624,509		
ě.	Ь	ADMISSIONS	900,099	22,445	22,445		
- O	C						
Š Š	d						
Q)	e						
<u> </u>	f	All other program service revenue					
Program Serwoe Revenue	_	Total Add lines 35 35					-
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends,	ınterest				
		other sımılar amounts)		16,029	16,029		
	4	Income from investment of tax-exempt bond proc	eeds 🕨				
	7		•				
	5	Royalties					
			Personal				
	6a	Gross Rents 529,949					
	Ь	Less rental expenses					
	С	Rental income 529,949 or (loss)					
	d	Net rental income or (loss)		529,949	529,949		
		(ı) Securities (ıı)	Other				
	7a	Gross amount	Ctilei				
		from sales of assets other					
		than inventory					
	Ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
			►				
	8a	Gross income from fundraising					
4.		events (not including					
Ě		\$ of contributions reported on line					
क >		1c) See Part IV, line 18					
ъ		Attach Schedule G If total exceeds \$15,000 a					
Other Revenue	ь	Less direct expensesb					
둦	С	Net income or (loss) from fundraising eve	nts				
•	0-		<u>►</u>				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь						
	c	Net income or (loss) from gaming activiti					
		• • •	·				
	10a	Gross sales of inventory, less					
		returns and allowances .	42.464				
	ь	Less cost of goods sold b	42,404				
	c	Net income or (loss) from sales of invento	orv	42,404	42,404		
			ess Code	,	, 11		
	11a	3311					
	ь						+
	c						+
	d	All other revenue					
	e	Total. Add lines 11a-11d		47.405.045	4 335 35		
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8c,	6d, 7d,	17,495,016	1,235,336		
		9c, 10c, and 11e	▶-				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21	202,942	202,942		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	423,833	423,833		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	1237033	123,633		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	262,881	0	262,881	0
7	Other salaries and wages	7,925,866	6,925,855	262,881	121,409
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,420,679	1,263,422	148,897	8,360
10	Payroll taxes	716,238	598,259	105,419	12,560
11	Fees for services (non-employees)				
а	Management				
b	Legal	49,407	19,928	29,479	0
c	Accounting	21,220	0	21,220	0
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,267,078	2,176,101	90,977	0
12	Advertising and promotion	18,178	16,428	1,750	0
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	44,600	44,500	100	0
17	Travel	132,782	120,870	11,912	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	282,848	228,072	54,776	0
20	Interest	22,782	0	22,782	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	645,717	16,545	629,172	0
23	Insurance	121,664	121,664	0	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	OFFICE AND PROGRAM SUPPLIES	491,129	479,755	11,374	0
b	TELEPHONE	237,355	236,628	727	0
c	UTILITIES AND SECURITIES	415,086	414,843	243	0
d	REPAIRS AND MAINTENANCE	326,971	316,429	10,542	0
e	EQUIPMENT RENTAL	62,746	62,706	40	0
	All other expenses	692,154	567,212	101,500	23,442
25	Total functional expenses. Add lines 1 through 24f	16,784,156	14,235,992	2,382,393	165,771
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	20,00,000	,	_,	

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			2,327,176	-		654,461
	2	Savings and temporary cash investments			2,368,131	2		2,644,056
	3	Pledges and grants receivable, net			1,596,913	3		1,694,299
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		ployees or		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			67,911	8		71,102
2	9	Prepaid expenses and deferred charges			334,703	9		323,319
Assets	10a	Land, buildings, and equipment cost basis	10a	26,681,065				
	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	4,427,536	20,552,963	10c	2	2,253,529
	11	Investments—publicly traded securities			23,011	11		25,297
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D			12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		804,747	15		973,954	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,075,555	16	2	8,640,017
	17	Accounts payable and accrued expenses .			138,544	17		46,137
	18	Grants payable			18			
	19	Deferred revenue		274,246	19		110,011	
	20	Tax-exempt bond liabilities			20			
Š.	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			735,532	23		645,552
	24	Unsecured notes and loans payable				24		737,859
	25	Other liabilities Complete Part X of Schedule D			2,035	25		2,000
	26	Total liabilities. Add lines 17 through 25			1,150,357	26		1,541,559
s e o		Organizations that follow SFAS 117, check here ► √ and complethrough 29, and lines 33 and 34.	lete lines	27				
ğ	27	Unrestricted net assets			24,738,463	27	2	5,026,962
Balance	28	Temporarily restricted net assets			1,381,988	28		1,097,542
돧	29	Permanently restricted net assets			804,747	29		973,954
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d comple	te				
s or	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31			
Š	32	Retained earnings, endowment, accumulated income, or other fur			32			
Š	33	Total net assets or fund balances		26,925,198	33	2	7,098,458	
z —	34	Total liabilities and net assets/fund balances			28,075,555	34	2	8,640,017
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	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		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

As Filed Data -

DLN: 93493137012100

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ARAB	COMMU	JNITY CENTER	FOR ECONOMIC &	SOCIAL SERVICES							
								23	-744449	7	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			_
1	Γ	A church, o	convention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).		
2	Γ	A school de	escribed in Sec l	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
	•		name, city, and	•		•			. , , ,	. ,. ,	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	•	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	৴	•	· -	ally receives a substantial p						n the gene	eral public
_	•			o)(1)(A)(vi) (Complete Par			a g			y	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	Ė		•	ally receives (1) more than		•	•	ontribution	ıs. membe	rship fees	and aross
	·	-		lated to its exempt functions					•		. •
		•		estment income and unrelate	-		•		•		
			=	on after June 30, 1975 See			•			,	
10	Г			and operated exclusively to						ee instruc	tions)
11		_	-	and operated exclusively fo			-				
	·			orted organizations describe							
		_		type of supporting organiza					_		
	_	•	•				nally Integ		d	' ''	III - Other
e	ļ	•	- '	rtify that the organization is agers and other than one or			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарр	orteu orga	11124110115	aescribeu	ili sectioi	1 3 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the)		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			·	ng body of the the supported		_	•		` ,	11g	
			· -	erson described in (i) above	=					11g(
		. ,		ty of a person described in (bove?				11g(
h				mation about the organizatio			supports				
-							11				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9		ation in		nızatıon	_	atıon ın	support?
	Organ	nızatıon		above or IRC section		listed in) of your		rganized	
(See Instructions)) your governing support? in the U.S.? document?											
					Yes	No	Yes	No	Yes	No	†
					1.03		1.03				

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,938,379	13,167,292	14,267,834			16,259,680	56,633,185
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	12,938,379	13,167,292	14,267,834			16,259,680	56,633,185
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							56,633,185
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	12,938,379	124,480	14,267,834		:	16,259,680	56,633,185
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	41,503	124,480	266,556			16,029	448,568
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							F7 001 7F3
11	Total Support (Add lines 7 through 10)					<u> </u>		57,081,753
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a !	501(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		99.210 %
15	Public Support Percentage for 2007 Sched		·	(//		15		99.140 %
	a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
17a	box and stop here. The organization qualifier 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "factors or the state of the s	If the organizations to the community of	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Ex	plaın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organizations to the community of	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, oı I stop here. Ex	r 17a aı plaın ın	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service **Employer identification number** Name of the organization ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES

23-7444497

Pa	organizations Maintaining Donor organization answered "Yes" to Form	Advised Funds or Other Similar Fu	unds or Accoun	ı ts. Complet	e if the
		(a) Donor advised funds	(b) Funds an	d other accour	nts
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor action funds are the organization's property, subject to the		or advised	☐ Yes	∏ No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b impermissible private benefit?		may be	☐ Yes	┌ No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" to	o Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space	ation or pleasure)	historically import rtified historic struc	•	a
2	Complete lines 2a-2d if the organization held a qu on the last day of the tax year	alified conservation contribution in the form		asement	the Vear
а	Total number of conservation easements		2a	at the ENG OF	тие теаг
ь	Total acreage restricted by conservation easeme	nto	2b		
c	Number of conservation easements on a certified		2c		
d	Number of conservation easements included in (c	• •	2d		
3	Number of conservation easements modified, trans			on during	
	the taxable year 🕨				
4	Number of states where property subject to conse	rvation easement is located ►			
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		ations, and	☐ Yes	Г No
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	tion	☐ Yes	∏ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial	•	•	
Par	Complete if the organization answered		or Other Simila	r Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	ch in furtherance of		,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line	1	► \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, hi following amounts required to be reported under SF	•	or financial gain, pro	ovide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$	4	15,731

b Assets included in Form 990, Part X

Par	TITL Organizations Maintaining C	<u>ollections of Art,</u>	Hist	oric	<u>cal Treasu</u>	res, or Oth	<u>er Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any	of the	e foll	owing that are	e a sıgnıfıcant	use of its collect	ion	
а	Public exhibition		d	Γ	Loan or exch	nange program	s		
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's of Part XIV	collections and explain	ı how	they	further the o	rganızatıon's e	xempt purpose i	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,				– Yes	▽ No
Pai	t IV Trust, Escrow and Custodial					nızatıon ansı	wered "Yes" to	Form 9	990,
	Part IV, line 9, or reported an a								
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?			for c	ontributions o	r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comp	lete the following table							
							An	ount	
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?					Yes	┌ No
b	If "Yes," explain the arrangement in Part XI								
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		vere Prior Y				(a)Eour V	ears Back
1a	Beginning of year balance	804,747	(0)	-1101 1	eai (C) i Wi	o rears back (u	Tillee Tears back	(E)i oui i	cais back
b	Contributions	260,117							
c	Investment earnings or losses	-37,527							
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses	53,383							
g	End of year balance	973,954							
2	Provide the estimated percentage of the ye	ar end balance held as	;						
а	Board designated or quasi-endowment 🕨	0 %							
b	Permanent endowment 🕨 100 000 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posse	ession of the organizat	ion th	hat a	re held and a	dmınıstered fo	r the		
	organization by (i) unrelated organizations						3a(Yes i) Yes	No
	(ii) related organizations						3a(
b	If "Yes" to 3a(II), are the related organization			hed	ule R?	·	3t		<u> </u>
4	Describe in Part XIV the intended uses of t	he organızatıon's endo	wme	nt fu	nds			_	
Pai	t VI Investments—Land, Building	ıs, and Equipmen	t. Se	ee F	orm 990, Pa	rt X, line 10	•		
	Description of investment				Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land				1,402,029				1,402,029
b	Buildings				23,547,871		2,914,077		20,633,794
c	Leasehold improvements				7,055		7,055		
d	Equipment				1,724,110		1,506,404		217,706
e	Other								

22,253,529

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 derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
ENDOWMENT FUND BALANCE			973,954
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		973,954
Part X Other Liabilities. See Form 990, Part X	1	T	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes RENT DEPOSITS	2,000		
RENT DEPOSITS	2,000		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,000		

	· · · · · · · · · · · · · · · · · · ·		
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,495,016
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,784,156
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	710,860
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	710,860
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	4	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Po	art XIV , li	nes 1b and 2b,

Ident if ier	Return Reference	Explanation
Pt III Line 4		THE ORGANIZATION HAS A MUSEUM WITH ARE COLLECTIONS FOR PUBLIC EXHIBITION FOR THE AWARENESS OF ARAB AMERICAN HISTORY AND ACCOMPLISHMENTS
Pt III Line 1a		THE AANM DOES NOT BOOK THE ART WORK COLLECTIONS IT HAS RECIEVED
		FROM DONORS THESE ITEMS ARE DISPLAYED FOR PUBLIC INSPECTION AT THE ARAB AMERICAN NATIONAL MUSEUM
Pt V Line 4		THE ENDOWMENT FUNDS WILL BE USED TO MAINTAIN THE NATIONAL ARAB AMERICAN MUSEUM

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ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES

General Information on Grants and Assistance

DLN: 93493137012100

2008

OMB No 1545-0047

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

> Open to Public Inspect ion

Department of the Treasury Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

23-7444497

	ed to award the gra	nts or assistance?			libility for the grants or a		✓ Yes 「
Part IV and Scl		ny recipient that reco itional space is			tes. Complete if the confirmation one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of se organizations							
							•
For Paperwork Reduction Act No	otice, see the Instruc	tions for Form 990.		Cat No 50055	P	Scl	nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EMERGENCY FOOD AND SHELTER PAYMENTS	805	129,650			
EMPLOYMENT AND TRAINING	359	182,783			
YOUTH AND EDUCATION	36	23,000			
COMMUNITY HEALTH & RESEARCH	982	88,400			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Pt I Line 2		ASSISTED INDIVIDUALS MUST PROVIDE HARDSHIP DOCUMENTATION FOR ANY ASSISTANCE WE MONITOR AND FOLLOW UP ON ALL ASSISTED INDIVIDUALS BY WORKING WITH THE VENDOR PROVIDING SERVICES, EMPLOYER OF THE RECIEPTIENT, LANDLORD AND ENERGY PROVIDOR OF THE ASSISTED INDIVIDUALS

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DLN: 93493137012100

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES

Employer identification number

art	Types of Property				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
. A	rt—Works of art				
2 A	rt—Historical treasures .				
Α	rt—Fractional interests				
В	ooks and publications				
	othing and household				
C	ars and other vehicles				
' В	oats and planes				
In	tellectual property				
Se	ecurities—Publicly traded .				
Se	ecurities—Closely held stock				
Se	ecurities—Partnership, LLC, r trust interests				
S	ecurities—Miscellaneous				
c	ualified conservation ontribution (historic tructures)				
-	ualified conservation ontribution (other)				
Re	eal estate—Residential .				
Re	eal estate—Commercial				
Re	ealestate—Other				
С	ollectibles				
Fo	ood inventory				
D	rugs and medical supplies .				
Τa	axıdermy				
Н	storical artifacts				
S	cientific specimens				
Α	rcheological artifacts				
0	ther (describe)				
0	ther (describe)				
0	ther (describe)				
	ther (describe)				
W	umber of Forms 8283 received which the organization complete cknowledgement			ar for contributions for	29

			165	140
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at			
	least three years from the date of the initial contribution, and which is not required to be used for exempt purposes			
	for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Νo
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			
		32a		Νo
Ь	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is			
	checked, describe in Part II	1		

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	1			

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As Filed Data -

DLN: 93493137012100

SCHEDULE 0

(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.

OMB No 1545-0047

2008

Open to Public

Internal Revenue Service		Inspection
Name of the organizat ARAB COMMUNITY CENTER	ion FOR ECONOMIC & SOCIAL SERVICES	Employer identification number
		23-7444497

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		A PAY SCALE IS USED TO DETERMINE COMPENSATION AS WELL AS ANNUAL REVIEWS OF EMPLOYEES AND OFFICERS

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		ANNUAL REPORT PUBLISHED AND DISTRIBUTED AND PUBLISHED ON WEBSITE

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		CFO AND TREASURY OVERSIGHT MUST REVIEW WITH PREPARER BEFORE FILING

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		WRITTEN POLICY PROVIDED IN EMPLOYEE MANUAL AND EMPLOYEES ARE TRAINED ON IT DURING ORIENTATION THE CONFLICT OF INTEREST IS MONITORED BY SUPERVISORS

Software ID: Software Version:

EIN: 23-7444497

Name: ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL

SERVICES

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)		
(A) Name and Title		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)	Estimated amount of other compensation from the organization and related organizations		
HUSSEIN BERRY , President	4 00	Х						0	0	0		
WADAD ABED , vice-President	1 00	Х						0	0	0		
YASSER AL-SOOFI , Treasurer	1 00	Х						0	0	0		
EDWARD BAGALE , Secretary	1 00	Х						0	0	0		
AMAL BERRY-BROWN , Secretary	1 00	Х						0	0	0		
MAHA FREIJ , Chief Financail Officer	40 00			Х				128,216	0	0		
HASSAN JABER , Executive Director	40 00			Х				134,665	0	0		
ADNAN HAMMAD , DIRECTOR OF COMMUNITY HEALTH	40 00					х		111,484	0	0		
SONIA HARB , DIRECTOR EMPLOYMENT AND TRAINING	40 00					х		104,592	0	0		
DAVID ALLEN , AT LARGE	1 00	Х						0	0	0		
AOUN JABER , AT LARGE	1 00	Х						0	0	0		
ANDREA AWADA-ZEAITER , PRESIDENT EX OFFICER	1 00	Х						0	0	0		
RAMZI CHRAIM , BOARD MEMBER	1 00	Х						0	0	0		
GREG CLARK , BOARD MEMBER	1 00	Х						0	0	0		
AMAL DAVID , BOARD MEMBER	1 00	Х						0	0	0		
RASH DEMASHKIEH , BOARD MEMBER	1 00	X						0	0	0		
DENNIS DENNO , BOARD MEMBER	1 00	X						0	0	0		
JOSEPH DIEDERICH , BOARD MEMBER	1	Х										
DEBBIE DINGELL , BOARD MEMBER	1	Х										
BASIM DUBAYBO , BOARD MEMBER	1	Х										
CHARLENE ELDER , BOARD MEMBER	1	Х										
PAUL GOOD , BOARD MEMBER	1	Х										
WASSIM MAHFOUZ , BOARD MEMBER	1	Х										
MIKE MAKKI , BOARD MEMBER	1	Х										
HASSAN MAKLED , BOARD MEMBER	1	Х										
LINDA MANSOUR , BOARD MEMBER	1	X										
RON MAY , BOARD MEMBER	1	X										
CATHY MOZHAM , BOARD MEMBER	1	X										
ZIAD OJAKLI , BOARD MEMBER	1	X			<u> </u>							
ROBERT RINEY , BOARD MEMBER	1	Х			<u> </u>							