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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Arab Vision Inc.		D Employer identification number 48-1270313
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) 12727 Hillcrest Rd.		E Telephone number (972) 991-3601
<input type="checkbox"/> Name change		City, town, or country Dallas	State TX	ZIP + 4 75320
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

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

G Accounting Method Cash Accrual
Other (specify) ►I Website: ► www.arabvision.orgJ Tax-exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

- K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 278,287

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

1	Contributions, gifts, grants, and similar amounts received	1	276,870
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5b	0
b	Less: cost or other basis and sales expenses	6a	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6b	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	7a	759
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	7b	0
b	Less direct expenses other than fundraising expenses	7c	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	8	658
7a	Gross sales of inventory, less returns and allowances	8	658
b	Less: cost of goods sold	9	278,287
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	10	246,537
8	Other revenue (describe ► See Attached Statement)	11	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	12	23,648
10	Grants and similar amounts paid (attach schedule)	13	4,450
11	Benefits paid to or for members	14	0
12	Salaries, other compensation, and employee benefits	15	296
13	Professional fees and other payments to independent contractors	16	7,785
14	Occupancy, rent, utilities, and maintenance	17	282,716
15	Printing, publications, postage, and shipping	18	-4,429
16	Other expenses (describe ► See Attached Statement)	19	6,098
17	Total expenses. Add lines 10 through 16	20	0
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	21	1,669
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		
20	Other changes in net assets or fund balances (attach explanation)		
21	Net assets or fund balances at end of year Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8,715	22 5,315
23	Land and buildings	0	23 0
24	Other assets (describe ►)	0	24 0
25	Total assets	8,715	25 5,315
26	Total liabilities (describe ► See Attached Statement)	2,617	26 3,646
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,098	27 1,669

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 ; section 4955 ► 0	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a 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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► TX		
42 a The organization's books are in care of ► Judy Stump Telephone no ► (972) 991-3601		
Located at ► 12727 Hillcrest Rd City Dallas ST TX ZIP + 4 ► 75230		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		0
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100 000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City	St. ZIP Hr/Wk	00	0	0
Name City	St. ZIP Hr/Wk	00	0	0
Name City	St. ZIP Hr/Wk	00	0	0
Name City	St. ZIP Hr/Wk	00	0	0
Name City	St. ZIP Hr/Wk	00	0	0
f Total number of other employees paid over \$100,000 ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100 000	(b) Type of service	(c) Compensation
Name None City	St. ZIP	
Name City	St. ZIP	
d Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		5/1/2010
	Signature of officer William Lovell	Director of US Operations	
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed) address, and ZIP + 4 ►	Date 4/25/2010	Check if self-employed <input checked="" type="checkbox"/> P00999830 EIN ► Phone no ► (918) 282-0181
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			