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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. RENE MOAWAD FOUNDATION 3231 P STREET, NW 2NDFL WASHINGTON, DC 20007	D Employer identification number 52-1801228
		E Telephone number 202-338-3535
		F Group Exemption Number
		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

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

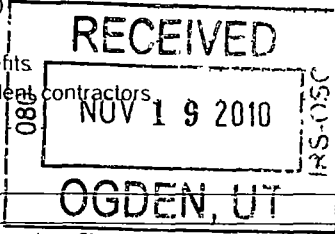
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. ▶ \$ 313,426.

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

SEARCHED DEC 14 2010

1 Contributions, gifts, grants, and similar amounts received	1	194,700.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract 5b from 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ 182,291. of contributions reported on line 1)	6a	118,726.
b Less direct expenses other than fundraising expenses	6b	118,726.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶)	8	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	194,700.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	92,517.
13 Professional fees and other payments to independent contractors	13	6,320.
14 Occupancy, rent, utilities, and maintenance	14	7,800.
15 Printing, publications, postage, and shipping	15	726.
16 Other expenses (describe ▶ SEE STATEMENT 1)	16	78,411.
17 Total expenses. Add lines 10 through 16	17	185,774.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,926.
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)	19	108,726.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	117,652.



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	105,131.	135,198.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	11,168.	17,693.
25 Total assets	116,299.	152,891.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	7,573.	35,239.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,726.	117,652.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Handwritten signature/initials

Part V Other Information (Note the statement requirements in the instrs for Part V) **SEE STATEMENT 5**

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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		
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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a 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.		
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	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ THE FOUNDATION Telephone no ▶ 202-338-3535
 Located at ▶ 3231 P ST., NW, WASHINGTON, D.C. ZIP + 4 ▶ 20007

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
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.

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 and deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

Signature of officer: Nadia Aboveizk-Asaad Date: 11/15/2010
 Type or print name and title: Nadia Aboveizk-Asaad, Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/15/10 Check if self-employed: Preparer's Identifying Number (See instructions): P00939453
 Firm's name (or yours if self-employed), address, and ZIP + 4: REITBERGER, POLLEKOFF & KOZAK
1950 OLD GALLOWS ROAD, SUITE 440
VIENNA, VA 22182
 EIN: 54-1639552
 Phone no: (703) 506-9700

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	138,481.	244,291.	493,235.	201,712.	194,700.	1,272,419.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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	138,481.	244,291.	493,235.	201,712.	194,700.	1,272,419.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	17,015.	14,025.	40,425.	32,215.	25,000.	128,680.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	17,015.	14,025.	40,425.	32,215.	25,000.	128,680.
8 Public support (Subtract line 7c from line 6)						1,143,739.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	138,481.	244,291.	493,235.	201,712.	194,700.	1,272,419.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,706.	2,090.	4,053.	786.		11,635.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,706.	2,090.	4,053.	786.	0.	11,635.
11 Net income from unrelated business activities not included in 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 IV) SEE PART IV		222.	17.			239.
13 Total support. (add lns 9, 10c, 11, and 12)						1,284,293.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.1 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	86.2 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.9 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.1 %

19a 33-1/3 support tests — 2009. 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

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	GALA DINNER (event type)	(event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	301,017.		301,017.	
2	Less Charitable contributions	182,291.		182,291.	
3	Gross income (line 1 minus line 2)	118,726.		118,726.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	55,334.		55,334.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	63,392.		63,392.
	10	Direct expense summary Add lines 4 through 9 in column (d)			118,726.
11	Net income summary Combine lines 3, column (d) and line 10				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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RENE MOAWAD FOUNDATION

52-1801228

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK SERVICE CHARGES	\$	266.
CREDIT CARD FEES		2,500.
HUMANITARIAN AID-LEBANON		70,000.
INSURANCE		920.
MISCELLANEOUS		398.
OFFICE EXPENSES		400.
SUPPLIES		1,140.
TAXES - OTHER		370.
TELEPHONE		2,417.
TOTAL	\$	<u>78,411.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 6,168.	\$ 15,693.
PREPAID EXPENSES AND DEFERRED CHARGES	5,000.	2,000.
TOTAL	<u>\$ 11,168.</u>	<u>\$ 17,693.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,573.	\$ 35,239.
TOTAL	<u>\$ 7,573.</u>	<u>\$ 35,239.</u>

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NADIA ABOURIZK-ASAAD 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	EXECUTIVE DIREC 40.00	\$ 73,170.	\$ 0.	\$ 0.
EDWARD D. SOMA, M.D. 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	PRES. EMERITUS 1.00	0.	0.	0.

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RENE MOAWAD FOUNDATION

52-1801228

STATEMENT 4 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JUDGE JAMES KADDO 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	VICE CHAIR 1.00	\$ 0.	\$ 0.	\$ 0.
ABDO SABBAN 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	CHAIRMAN 1.00	0.	0.	0.
NAYLA MOAWAD 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	HON. PRESIDENT 1.00	0.	0.	0.
ANTHONY ABRAHAM 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
IMAN ABOULHOSN 1625 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
AMBASSADOR VINCENT BATTLE 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
NINA BEYDOUN IDRIS 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
ANTHONY CHARAF 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
KATHY FEGHALI 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
JAY GHAZAL 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
USAMA S. HAMDAN, M.D. 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
RIMA OTRAKJI 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.

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RENE MOAWAD FOUNDATION

52-1801228

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FARIBA JAHANBANI 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
NABIL JABBOUR, M.D. 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
LINA JAZI 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
MARWAN AL-JAMAL 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
ADIB KASSIS 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
CLOVIS MAKSOUD, PH. D. 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
MAJIDA MOURAD 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
DIANE NELSON 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
CONGRESSMAN NICK RAHALL 3231 P STREET, NW 2ND FL WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 73,170.	\$ 0.	\$ 0.

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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52-1801228

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
MISCELLANEOUS			17.	222.	
TOTAL	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>17.</u>	\$ <u>222.</u>	\$ <u>0.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization RENE MOAWAD FOUNDATION	Employer identification number 52-1801228
	Number, street, and room or suite number If a P O box, see instructions REITBERGER, POLLEKOFF & KOZAK 1950 OLD GALLOWS ROAD, SUITE 440	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions VIENNA, VA 22182	

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

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

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

- The books are in care of **THE FOUNDATION**
Telephone No **202-338-3535** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 2010
- For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NECESSARY BECAUSE INFORMATION FROM THIRD PARTIES HAS NOT YET BEEN RECEIVED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature David Ardoin Title CPA Date 8/25/10