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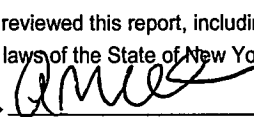

Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012 Open to Public Inspection
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1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) <u>01/01</u> / 2012 and ending (mm/dd/yyyy) <u>12/31/2012</u>			
b. Check if applicable for NYS: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 885 2ND AVENUE 18TH FL. City or town, state or country and zip + 4 NEW YORK, NY 10017		d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px;">1 3 - 6 1 5 5 3 2 4</div> e. NY State registration no. (##-##-###) <div style="border: 1px solid black; padding: 2px;">1 1 - 5 0 - 7 4</div> f. Telephone number <div style="border: 1px solid black; padding: 2px;">(2 1 2) 2 2 3 - 4 5 4 5</div> g. Email DACCN@DACCN.COM

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer		ANNE-METTE ANDERSEN	PRESIDENT	11/15/2013
	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treas.		HENRIK JENSEN	TREASURER	11/15/2013
	Signature	Printed Name	Title	Date

3. Annual Report Exemption Information

a. **Article 7-A annual report exemption** (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL annual report exemption** (EPTL registrants and dual registrants)
 Check if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? .. Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	\$ 10	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$:	
c. Total fee	\$ 10	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
----------------------------------	------------------

- | | |
|---------------|--|
| • Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| • EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| • Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee. |

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input type="checkbox"/> IRS Form 990	<input checked="" type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

Additional Article 7-A Document Attachment Requirement
<u>Independent Accountant's Report</u>
<input type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input checked="" type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2012 calendar year, or tax year beginning , 2012, and ending , 20 12

<p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 885 2ND AVENUE</p> <p>City or town, state or country, and ZIP + 4 NEW YORK, NY 10017</p>	<p>D Employer identification number 13-6155324</p> <p>E Telephone number (212) 223-4545</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ WWW.DACCNY.COM

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **40,360.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	23,090.
	3	Membership dues and assessments	3	17,270.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	40,360.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	27,995.
17	Total expenses. Add lines 10 through 16 ▶	17	27,995.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,365.
	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	21,255.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	33,620

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35b			
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
37b			
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 tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b			
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		<input checked="" type="checkbox"/>
40e			
41	List the states with which a copy of this return is filed ▶ <u>NY</u>		
42a	The organization's books are in care of ▶ <u>DANIEL SKAVEN RUBEN</u> Telephone no. ▶ <u>212-705-4934</u> Located at ▶ <u>885 2ND AVE., NEW YORK, NY</u> ZIP + 4 ▶ <u>10017</u>		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		<input checked="" type="checkbox"/>
42b			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
42c			
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 _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
45b			

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
b	If "Yes," was the related organization a section 527 organization?	Yes	No
		49b	

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

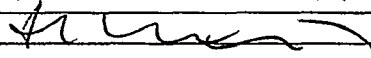
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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 	Date 11/15/2013
	HENRIK JENSEN Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC

Employer identification number
13-6155324

ATTACHMENT 1

FORM 990EZ, PART 1 - OTHER EXPENSES

BANK CHARGES	515.
DOMAINE CHARGES	184.
SECRETARIAL SERVICES	19,000.
FUNCTION EXPENSES	3,911.
MISCELLANEOUS	1,573.
OFFICE SUPPLIES	133.
TELEPHONE	1,068.
UNCATEGORIZED FUNCTION EXPENSES	1,309.
WEB-SITE MAINTENANCE	214.
POSTAGE	85.
TOTAL	27,995.

ATTACHMENT 2

FORM 990EZ, PART I OTHER CHANGES IN FUND BALANCES

DECREASES IN FUND BALANCES
MISCELLANEOUS DIFFERENCES
TOTAL

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVING AND INVESTMENTS

	BEGINNING YEAR	END OF YEAR
CASH	21,255.	33,620.
TOTALS	21,255.	33,620.

Name of the organization DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC	Employer identification number 13-6155234
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ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO HELP PROMOTE BUSINESS RELATIONS BETWEEN DENMARK AND THE UNITED STATES, DANISH EXPORTS TO THE UNITED STATES, AMERICAN EXPORTS TO DENMARK AS WELL AS INVESTMENTS BETWEEN THE TWO COUNTRIES.

2. TO BE A FORUM FOR DISCUSSIONS AND DELIBERATIONS CONCERNING DANISH-AMERICAN RELATIONSHIPS IN GENERAL.

3. TO BE AN ADVISORY AND CONSULTATIVE BODY AVAILABLE TO UNITED STATES AND DANISH GOVERNMENTAL REPRESENTATIONS.

4. TO UNDERTAKE FUNCTIONS IN CONNECTION WITH DANISH-AMERICAN BUSINESS WHICH MAY BE BEYOND THE SCOPE OF GOVERNMENTAL REPRESENTATIONS.

5. TO INITIATE, ARRANGE AND PROMOTE MEETINGS OPEN TO MEMBERS OF THE CHAMBER AND THEIR GUESTS FEATURING SUBJECTS OF INTEREST TO THE DANISH-AMERICAN COMMUNITY.

6. TO SPONSOR OTHER FUNCTIONS WHICH WILL PROMOTE GOODWILL AND HARMONY IN DANISH-AMERICAN RELATIONS.

ATTACHMENT 5

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENTS 1

CONDUCTED MEETINGS AND EVENTS DURING THE YEAR WHERE BUSINESS PEOPLE WITH INTEREST IN DENMARK MET TO FURTHER THE INTEREST OF AMERICAN BUSINESS IN DENMARK AND IN DANISH BUSINESSES IN THE USA; INCLUDING: CHRISTMAS MEETING, ANNUAL MEETING, INTRODUCTION OF NEW DANES IN NEW YORK, VARIOUS PRESENTATIONS OF DANISH CORPORATIONS IN THE US, ECENOMIC FORUM AND NORDIC INVESTMENT SYMPOSIUM.

DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC

13-6155324

ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFITS PLAN AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
PETER HESSELLUND-JENSEN ESQ C/O LAW OFFICES OF PETER H-JENSEN 521 FIFTH AVE, 33RD FLOOR NEW YORK	CHAIRMAN & DIRECTOR 2.00	0	0	0
SOREN MULLER C/O DIRECT LINK WORLDWIDE, INC. 700 DOWD AVENUE ELIZABETH, NJ 07201	DIRECTOR 0.50	0	0	0
ERIK SCHERNING C/O MAERSK TANKERS, 405 LEXINGTON AVENUE, 39TH FLOOR, NEW YORK	DIRECTOR 0.50	0	0	0
ANNE-METTE ANDERSEN C/O HOLLAND & KNIGHT 194 BROADWAY NEW YORK, NY 10007	SECRETARY 2.00	0	0	0
LISA R. HALPERN C/O EURO-CENTER USA 140 WEST 57TH STREET NEW YORK, NY 10019	DIRECTOR 0.50	0	0	0
THOMAS RIZK DANISH CONSULATE GENERAL 885 SECOND AVENUE, 18TH FLOOR, NEW YORK	DIRECTOR 0.50	0	0	0
FRITZ KNIPSCHILDT C/O KNIPSCHILDT CHOCOLATIER 12 SOUTH MAIN STREET NORWALK, CT 06854	DIRECTOR 0.50	0	0	0

DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC

13-6155324

ATTACHMENT 6 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFITS PLAN AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
KINGA VALERIA SZABO C/O DIBD NYC 205 EAST 42ND STREET NEW YORK, NY 10017	DIRECTOR 0.50	0	0	0
DAVID OBEL ROSENKVIST C/O REPUBLIC OF FRITZ HANSEN 22 WOOSTER STREET, NEW YORK, NY 10013	DIRECTOR 0.50	0	0	0
HENRIK JENSEN C/O WESTPAC BANKING CORP 575 FIFTH AVE, 39TH FLOOR, NEW YORK, NY 10017	DIRECTOR, TREASURER 1.00	0	0	0
PETER FREDERIKSEN C/O NORDEA BANK 437 MADISON AVENUE NEW YORK, NY 10022	DIRECTOR, PRESIDENT 4.00	0	0	0
NARGIS MCGUINNESS C/O KELSEN, INC. 40 MARCUS DRIVE, SUITE 101, NEW YORK, NY 11747	DIRECTOR 0.50	0	0	0
KIM EKSTROM C/O SHIPCO TRANSPORT 80 WASHINGTON STREET, HOBOKEN, NJ 07030	DIRECTOR 0.50	0	0	0
JESPER BO HANSEN C/O TORM, 1 STATION PLACE, 7TH FLOOR SOUTH, STAMFORD, CT 06902	DIRECTOR 0.50	0	0	0

DANISH AMERICAN CHAMBER OF COMMERCE (USA) INC

13-6155324

ATTACHMENT 6 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFITS PLAN AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
PALLE CHRISTENSEN C/O SCANDINAVIAN AIRLINES SYSTEM, 9 POLITO AVENUE LYNDHURST, NJ 07071	DIRECTOR 0.50	0	0	0
FLEMMING KRISTENSEN C/O LEIF HANSEN INTERNATIONAL, 51 MADISON AVENUE, 19TH FLOOR NEW YORK, NY	DIRECTOR 0.50	0	0	0
GRAND TOTALS		0	0	0

CJPM
NOV 21 2013