

**Return of Organization Exempt From Income Tax**  
 Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust  
 (See separate instructions.)  
 Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.  
 Department of the Treasury  
 Internal Revenue Service

Form **990**

1989

Name of organization: **THE OCCUPIED LAND FUND**  
 Address (number and street) or P.O. box number: **5839 GREEN VALLEY CIRCLE, SUITE 204**  
 City or town, state, and ZIP code: **CULVER CITY, CALIF 90203**  
 Use IRS label:  Other:  **THE OCCUPIED LAND FUND**  
 A Employer identification number (see instruction S): **95-4227517**  
 B State registration number (see instruction E): **CAL CORP # 1454143**  
 C If application for exemption is pending, check  here  **C**  
 E Accounting method:  Cash  Accrual  
 D Check type of organization—Exempt under section  501(c) ( ) (insert number), OR  section 4947(a)(1) trust (see instruction C7 and question 92.)  
 F Is this a group return (see instruction Q) filed for affiliates?  Yes  No  
 G If either answer in F is "Yes," enter four-digit group exemption number (GEN)  **0**  
 H Check here  if your gross receipts are normally not more than \$25,000 (see instruction B1). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.  
 Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.  
 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

**Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances**

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:			18	Excess (deficit) for the year (subtract line 17 from line 12)
a	Direct public support			19	Net assets or fund balances at beginning of year (from line 74, column (A))
b	Indirect public support			20	Other changes in net assets or fund balances (attach explanation)
c	Government grants			21	Net assets or fund balances at end of year (add lines 18, 19, and 20)
d	Total (add lines 1a through 1c) (attach schedule—see instructions)				
2	Program service revenue (from Part VII, line 93)				
3	Membership dues and assessments				
4	Interest on savings and temporary cash investments				
5	Dividends and interest from securities				
6a	Gross rents				
b	Less: rental expenses				
c	Net rental income (loss)				
7	Other investment income (describe)				
8a	Gross amount from sale of assets other than inventory				
b	Less: cost or other basis and sales expenses				
c	Gain (loss) (attach schedule)				
9	Special fundraising events and activities (attach schedule—see instructions):				
a	Gross revenue (not including \$				
b	Less: direct expenses				
c	Net income (line 9a less line 9b)				
10a	Gross sales less returns and allowances				
b	Less: cost of goods sold				
c	Gross profit (loss) (attach schedule)				
11	Other revenue (from Part VII, line 103)				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				
13	Program services (from line 44, column (B)) (see instructions)				
14	Management and general (from line 44, column (C)) (see instructions)				
15	Fundraising (from line 44, column (D)) (see instructions)				
16	Payments to affiliates (attach schedule—see instructions)				
17	Total expenses (add lines 13 and 14, column (A))				
18	Excess (deficit) for the year (subtract line 17 from line 12)				
19	Net assets or fund balances at beginning of year (from line 74, column (A))				
20	Other changes in net assets or fund balances (attach explanation)				
21	Net assets or fund balances at end of year (add lines 18, 19, and 20)				

For Paperwork Reduction Act Notice, see page 1 of the instructions.

LDL138 0000457

Form 990 (1989)

Defendants  
 Exhibit  
 D-1080  
 3:04-CR-240

OCCUPIED LAND FUND

#95-4227517

**Part IV** Balance Sheets

Note: Where required, attach schedules and amounts in the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
<b>Assets</b>			
45	Cash—noninterest-bearing		191,165
46	Savings and temporary cash investments		46
47a	Accounts receivable		47a
	b Less: allowance for doubtful accounts		47b
48a	Pledges receivable		48a
	b Less: allowance for doubtful accounts		48b
49	Grants receivable		49
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)		51a
	b Less: allowance for doubtful accounts		51b
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments—securities (attach schedule)		54
55a	Investments—land, buildings, and equipment:		
	basis:		55a
	b Less: accumulated depreciation (attach schedule)		55b
56	Investments—other (attach schedule)		56
57a	Land, buildings, and equipment: basis		57a
	b Less: accumulated depreciation (attach schedule)		57b
58	Other assets (describe)		58
59	Total assets (add lines 45 through 58)	NONE	191,165
<b>Liabilities</b>			
60	Accounts payable and accrued expenses		60
61	Grants payable		61
62	Support and revenue designated for future periods (attach schedule)		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64	Mortgages and other notes payable (attach schedule)		64
65	Other liabilities (describe)		65
66	Total liabilities (add lines 60 through 65)		66
<b>Fund Balances or Net Assets</b>			
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.			
67a	Current unrestricted fund		67a
68	Land, buildings, and equipment fund		68
69	Endowment fund		69
70	Other funds (describe)		70
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.			
71	Capital stock or trust principal		71
72	Paid-in or capital surplus		72
73	Retained earnings or accumulated income		73
74	Total fund balances or net assets (see instructions)		74
75	Total liabilities and fund balances/net assets (see instructions)	NONE	191,165

**Part IV List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
MOHAMMAD EL MEZAYEN 5839 GREEN VALLEY CIRCLE	PRESIDENT	AS NEEDED	Ø	Ø
SHUKRI A. BAKER 5839 GREEN VALLEY CIRCLE	SECRETARY	AS NEEDED	Ø	Ø
GHASSAN ELASHI 5839 GREEN VALLEY CIRCLE	TREASURER	AS NEEDED	Ø	Ø
5839 GREEN VALLEY CIRCLE				

**Part VI Other Information**

76 Did you engage in any activity not previously reported to the Internal Revenue Service?  Yes  No

77 Were any changes made in the organizing or governing documents, but not reported to IRS?  Yes  No

78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Yes  No

78b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?  Yes  No

78c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership?  Yes  No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.)  Yes  No

80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)  Yes  No

81a Enter amount of political expenditures, direct or indirect, as described in the instructions.  exempt OR  nonexempt. **81a NONE**

81b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?  Yes  No

82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  Yes  No

82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. **82b 2,000**

83a Did anyone request to see either your annual return or exemption application (or both)?  Yes  No

83b If "Yes," did you comply as described in the instructions? (See General Instruction L.)  Yes  No

84a Did you solicit any contributions or gifts that were not tax deductible?  Yes  No

84b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)  Yes  No

85a Section 501(c)(5) or (6) organizations—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)  Yes  No

85b If "Yes," enter the total amount spent for this purpose. **85b**

86 Section 501(c)(7) organizations—Enter: **86a**

a Initiation fees and capital contributions included on line 12. **86a**

b Gross receipts, included on line 12, for public use of club facilities (See instructions.) **86b**

c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) **86c**

87 Section 501(c)(12) organizations—Enter amount of: **87a**

a Gross income received from members or shareholders. **87a**

b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **87b**

88 Public interest law firms—Attach information described in the instructions. **88**

89 List the states with which a copy of this return is filed. **89**

90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?  Yes  No **90**

91 The books are in care of **MAJCE ABDULLAH CPA** Telephone no. **213-733-5939**

92 Located at **1652 7TH AVENUE, LOS ANGELES, CALIF. 90019-6001**

Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return— **192**

and enter the amount of tax-exempt interest received or accrued during the tax year. **192**

Check here

U.S. Government Printing Office: 1980-262-151/00066

MAJCE ABDULLAH, CPA-ATTORNEY  
1652 7TH AVE., LA, CALIF  
ZIP code 90014  
H.L.D.136 0000461

Preparer's name (or yours if self-employed) MAJCE ABDULLAH, CPA-ATTORNEY  
Signature of officer [Signature]  
Date 8-14-90  
Check if self-employed

Please 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.

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
NONE				

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)**

Line No. 103(a)	INCOME WAS USED TO OBTAIN OFFICE WHICH IS BEING USED TO FURTHER THE TAX EXEMPT PURPOSE OF THE ORGANIZATION AND MAKE IT MORE EFFECTIVE IN DOING SO, TO OBTAIN EQUIPMENT AND SUPPLIES USED IN FURTHERING THE TAX EXEMPT PURPOSES OF THE ORGANIZATION, AND TO PROVIDE GRANTS TO ORGANIZATIONS WHICH HAVE AS THEIR PURPOSE THE ASSISTANCE TO THOSE IN POVERTY OR WHO ARE VICTIMS AND REFUGEES OF WAR.
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**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Description	Amount	Exclusion code	Amount	Related or exempt function income
105	TOTAL (add line 104, columns (b), (d), and (e))	210,275		210,275	
104	Subtotal (add columns (b), (d), and (e))	210,275		210,275	
103	Other revenue: (a) PUBLIC SUPPORT	210,275			
102	Gross profit (loss) from sales of inventory				
101	Net income from special fundraising events				
100	Gain (loss) from sales of assets other than inventory				
99	Other investment income				
98	Net rental income (loss) from personal property				
97	Net rental income (loss) from real estate:				
96	(a) debt-financed property				
95	(b) not debt-financed property				
94	Membership dues and assessments				
93	Fees from government agencies				
92	(f)				
91	(e)				
90	(d)				
89	(c)				
88	(b)				
87	(a)				

Enter gross amounts unless otherwise indicated.  
93 Program service revenue:  
Unrelated business income Excluded by section 512, 513, or 514

**Organization Exempt Under 501(c)(3)**  
 (Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust  
 Attach to Form 990 (or Form 990EZ)

OMB No. 1545-0047  
 1989  
 Employer identification number 95 4227517

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
 (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to benefit plans	(e) Expense account and other allowances
NONE				

**Part II Compensation of the Five Highest Paid Persons for Professional Services**  
 (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
NONE		

**Part III Statements About Activities**

1 During the year, have you attempted to influence public opinion on a legislative matter or referendum?  
 If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$

2 Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.

3 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of your income or assets?

4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)

5 Do you make grants for scholarships, fellowships, student loans, etc.?

6 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)

For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990EZ).

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

- 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
3 A hospital or cooperative hospital service organization. Section 170(b)(1)(A)(iii).
4 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital.

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 An organization that normally receives (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

Table with 2 columns: (a) Name of supported organizations, (b) Box number from above.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)

16 Membership fees received.

17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.

18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.

19 Net income from unrelated business activities not included in line 18.

20 Tax revenues levied for your benefit and either paid to you or expended on your behalf.

21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.

22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets.

23 Total of lines 15 through 22.

24 Line 23 minus line 17.

25 Enter 1% of line 23.

26 Organizations described in box 10 or 11:
a Enter 2% of amount in column (e), line 24
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1985 through 1988 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here.

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(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)

27 Organizations described in box 12, page 2: 1989 WAS THE FIRST YEAR OF EXISTENCE

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1988) (1987) (1986) (1985)

b Attach a list showing, for 1985 through 1988, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: the amount on line 25 for the year or \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1988) (1987) (1986) (1985)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1985 through 1988, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire NOT APPLICABLE

(To be completed ONLY by schools that checked box 6 in Part IV)

29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?

Yes No (1) (2)

30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogs, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?

32 Do you maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogs, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by you or on your behalf to solicit contributions?

33 Do you discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? (See instructions.) e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?

34a Do you receive any financial aid or assistance from a governmental agency? b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.

35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)

**Part VII** Lobbying Expenditures by Public Charities (see instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here  a If the organization belongs to an affiliated group (see instructions).  
 Check here  b If you checked a and "limited control" provisions apply (see instructions).

To be completed for ALL

(a) Affiliated group totals  
 (b) To be completed for ALL electing organizations

Limits on Lobbying Expenses	
36	Total (grassroots) lobbying expenses to influence public opinion
37	Total lobbying expenses to influence a legislative body
38	Total lobbying expenses (add lines 36 and 37)
39	Other exempt purpose expenses (see Part VI instructions)
40	Total exempt purpose expenses (add lines 38 and 39) (see instructions)
41	Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—
If the amount on line 40 is—	
Not over \$500,000	20% of the amount on line 40
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000	\$275,000 plus 5% of the excess over \$1,500,000
42	Grassroots nontaxable amount (enter 25% of line 41)
43	Excess of line 36 over line 42 (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)
44	Excess of line 38 over line 41

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986
(e) Total				
45	Lobbying nontaxable amount (see instructions)			
46	Lobbying ceiling amount (150% of line 45(e))			
47	Total lobbying expenses (see instructions)			
48	Grassroots nontaxable amount (see instructions)			
49	Grassroots ceiling amount (150% of line 48(e))			
50	Grassroots lobbying expenses (see instructions)			



Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations NOT APPLICABLE

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization or:

(i) Cash

(ii) Other assets

b Other Transactions:

(i) Sales of assets to a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities or equipment

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists or other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received.

Line no. (a) Amount involved (b) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements (d)

Table with 4 columns: Line no., Amount involved, Name of noncharitable exempt organization, Description of transfers, transactions, and sharing arrangements. Contains multiple empty rows.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

If "Yes," complete the following schedule.

Table with 3 columns: Name of organization (a), Type of organization (b), Description of relationship (c). Contains one row with 'FOLIOS 0000488' in column (a).

THE ORGANIZATION, THROUGH ITS COMMITTEES, EVALUATES THE CHARITABLE PROGRAMS OF ORGANIZATIONS REQUESTING FUNDS FROM THE ORGANIZATION. THE VARIOUS COMMITTEES REVIEW THE SPECIFIC REQUEST IN TERMS OF ITS DOLLAR AMOUNT, INTENDED USE AND ITS EFFECTIVENESS IN MEETING THE EXEMPT PURPOSE OF THE ORGANIZATION. THE COMMITTEES REVIEW MATERIALS WHICH DESCRIBE THE REQUESTING PROGRAMS' HISTORY, ACCOMPLISHMENTS AND TAX STATUS. COMMITTEES SUBSEQUENTLY FOLLOW-UP ON THE USE OF LARGE DISBURSEMENTS.

QUESTION 4, SCHEDULE A, PAGE 1-

ESTIMATED COSTS RELATED TO LEGAL, ACCOUNTING AND ORGANIZATIONAL MANAGEMENT CONSULTING WERE CONTRIBUTED TO THE ORGANIZATION BY VARIOUS PROFESSIONALS INTERESTED IN THE EXEMPT PURPOSE OF THE ORGANIZATION. THESE COSTS ARE BEING CONSERVATIVELY ESTIMATED AT SOME \$2,000.

QUESTION 82B, PAGE 4--

THE CORPORATION HAS NOT BEEN ISSUED A STATE CHARITY REGISTRATION NUMBER AT THE PRESENT TIME. THEREFORE, THE CALIFORNIA CORPORATION NUMBER IS BEING PROVIDED. THE CORPORATION IS PUBLIC BENEFIT NONPROFIT CORPORATION IN GOOD STANDING IN THE STATE OF CALIFORNIA.

QUESTION B, PAGE 1-

EXPLANATIONS TO:

SUPPORTING STATEMENT 1-FORM 990

#95-4227517

OCCUPIED LAND FUND

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

Department of the Treasury Internal Revenue Service

Name

OCCUPIED LAND FUND

Number and street (or P.O. Box number if mail is not delivered to street address)

C/O MACE ABDULLAH, ATTORNEY AT LAW, CPA

1652 7TH AVENUE

City or town, state, and ZIP code

LOS ANGELES, CA 90019-6001

Employer identification number

95-4227517

Please type or print the original and one copy by the due date for filing your return. (See instructions on back.)

Note: Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until August 15, 1990 is requested in which to file (check only one):

- Form 990-PF Form 990-T (401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1042 Form 1041-A Form 1041 Form 706GS (D) Form 706GS (T) Form 990-C Form 990-EZ Form 990-BL Form 1041 (estate) Form 1042 Form 1120-ND (991 taxes) Form 6069 Form 8804

If organization does not have an office or place of business in the United States, check this box

2a For calendar year 1989, or other tax year beginning b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? 4 State in detail why you need the extension. This is the organization's first year at operation and more time is needed to complete accurate information for an accurate information return.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions)

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 MACE ABDULLAH Date 5-14-90

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS We HAVE approved your application. (Please attach this form to your return.) We HAVE NOT approved your application. (Please attach this form to your return.)

We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.) We cannot consider your application because it was filed after the due date of your return. Other

EXTENSION TO FILE APPROVED TO

APR 15 1990

8950508157

JUN 01 1990

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Frederic C. Potvin, Director Fresno Service Center

OCCUPIED LAND FUND

Number and street (or P.O. Box number if mail is not delivered to street address)

P.O. BOX 928

City or town, state, and ZIP code

LOS ANGELES, CA 90232-0928