United States of America

Department of the Treasury
Internal Revenue Service

Date: March 3, 2006

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: is a true copy of the Form 990, Return of Organization Exempt From Income Tax, plus attachments, for Holy Land Foundation for Relief and Development, Employer Identification Number 95-4227517, for tax year 1996, consisting of seventeen (17) pages

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

Susan M. Bononcini

Susan M. Bononcini
Resident Agent-in-Charge
Delegation Order CI - 18

GOVERNMENT EXHIBIT
HLF Tax - 5
3:04-CR-240-G
U.S. v. HLF, et al.

Catalog Number 19002E

Form 2866 (Rev. 09-1997)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Note: *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-0047

1996

This Form is Open to Public Inspection

A For the 1996 calendar year, OR tax year period beginning , 1996, and ending , 19

B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization HOLY LAND FOUNDATION FOR RELIEF & DEVELOPMENT

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 832390

City, town, or post office, state, and ZIP+4
RICHARDSON TX 75083

D Employer identification number 95-4227517

E State registration number 1454143

F Check ▶ ☐ if exemption application is pending

G Type of organization—▶ ☐ Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: *Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).*

H(a) Is this a group return filed for affiliates? ☐ Yes ☐ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: *Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 9.)

RECEIVED 081897 AUSTIN, TEXAS

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	5655792		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 2974056 noncash $ 2681736)			1d	5655792
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	5670
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe)			7	
	8a	Gross amount from sale of assets other than inventory	8a	(A) Securities: ; (B) Other:		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	5661462
Expenses	13	Program services (from line 44, column (B))			13	4627361
	14	Management and general (from line 44, column (C))			14	179949
	15	Fundraising (from line 44, column (D))			15	275347
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	5082657
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	578805
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	504574
	20	Other changes in net assets or fund balances (attach explanation) ROUNDING			20	1
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1083380

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 13.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22	3972802	3972802		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	33276	24957	6655	1664
26 Other salaries and wages	26	176573	88287	52972	35314
27 Pension plan contributions	27				
28 Other employee benefits	28	9125	6844	912	1369
29 Payroll taxes	29	18382	10110	4412	3860
30 Professional fundraising fees	30				—
31 Accounting fees	31	3765	2824	564	377
32 Legal fees	32	413	413		
33 Supplies	33	34542	13817	8636	12089
34 Telephone	34	36667	14667	6967	15033
35 Postage and shipping	35	116944	35083	16372	65489
36 Occupancy	36	55635	33381	8345	13909
37 Equipment rental and maintenance	37	22626	13349	4525	4752
38 Printing and publications	38	135777	108622	17651	9504
39 Travel	39	174947	87474	22833	64640
40 Conferences, conventions, and meetings	40	18550	5565	11130	1855
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	44938	31457	6741	6740
43 Other expenses (itemize): a	43a				
b SEE ATTACHED SCHEDULE	43b	227695	177709	11234	38752
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) ***Organizations completing columns (B)-(D), carry these totals to lines 13-15***	44	5082657	4627361	179949	275347

Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $________; **(ii)** the amount allocated to Program services $________; **(iii)** the amount allocated to Management and general $________; and **(iv)** the amount allocated to Fundraising $________

Part III **Statement of Program Service Accomplishments** (See Specific Instructions on page 16.)

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a ______ (Grants and allocations $)	
b ______ (Grants and allocations $)	
c ______ (Grants and allocations $)	
d ______ (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	

Part IV Balance Sheets (See Specific Instructions on page 16.)

Line	**Note:** *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets						
45	Cash—non-interest-bearing			207514	45	506374
46	Savings and temporary cash investments				46	
47a	Accounts receivable	47a				
b	Less: allowance for doubtful accounts	47b		12800	47c	7389
48a	Pledges receivable	48a				
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables 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			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	
54	Investments—securities (attach schedule)			92377	54	378675
55a	Investments—land, buildings, and equipment: basis	55a	286700			
b	Less: accumulated depreciation (attach schedule)	55b	188040	98972	55c	98660
56	Investments—other (attach schedule)			70000	56	70000
57a	Land, buildings, and equipment: basis	57a				
b	Less: accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe ▶)			25148	58	22282
59	**Total assets** (add lines 45 through 58) (must equal line 74)			506621	59	1083380
Liabilities						
60	Accounts payable and accrued expenses			2047	60	
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe ▶)				65	
66	**Total liabilities** (add lines 60 through 65)			2047	66	
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted			504574	67	1083380
68	Temporarily restricted				68	
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)			504574	73	1083380
74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			506621	74	1083380

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 18.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	a	
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants . . . $		
(4)	Other (specify): .... $		
	Add amounts on lines **(1)** through **(4)** ▶	b	-
c	Line **a** minus line **b**. . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line **a**:		
(1)	Investment expenses not included on line 6b, Form 990 . . . $		
(2)	Other (specify): .... $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) . . . . . . ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . ▶	a	
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . $		
(3)	Losses reported on line 20, Form 990 . $		
(4)	Other (specify): .... $		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** . . . . . ▶	c	
d	Amounts included on line 17, Form 990 but not on line **a**:		
(1)	Investment expenses not included on line 6b, Form 990. . . $		
(2)	Other (specify): .... $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) . . . . . ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 18.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GHASSAN ELASHI, 305 TOWNHOUSE LN RICHARDSON TX	TREASURER 10 HRS	-0-	-0-	-0-
MOHAMMED ELMEZAIN, 151 DERROM PATTERSON NJ	CHAIRMAN 15 HRS	-0-	-0-	-0-
SHUKRI ABUBAKER, 324 CANDLEWOOD RICHARDSON TX	EXEC DIRECTOR 50 HRS	33276	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule—see Specific Instructions on page 18.

Part VI Other Information (See Specific Instructions on page 19.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X 3
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization 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?	80a		X 2
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **OR** ☐ nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		3
85	*501(c)(4), (5), or (6) organizations.*—**a** Were substantially all dues nondeductible by members?	85a		3
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		3
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) organizations.*—Enter: **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) organizations.*—Enter: **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations.*—Enter: Amount of tax paid during the year under: section 4911 ▶ ______ ; section 4912 ▶ ______ ; section 4955 ▶ ______			
b	*501(c)(3) and 501(c)(4) organizations.*—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X

c Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 ▶ ______

d Enter: Amount of tax in **89c,** above, reimbursed by the organization ▶ ______

90 List the states with which a copy of this return is filed ▶ CALIFORNIA

91 The books are in care of ▶ MOHAMMED A AZAD CPA Telephone no. ▶ (972) 644-1847

Located at ▶ 9808 BENT BRANCH LN DALLAS TX ZIP + 4 ▶ 75243

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII **Analysis of Income-Producing Activities** (See Specific Instructions on page 22.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					—
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					

105 **Total** (add line 104, columns (B), (D), and (E)) ▶

Note: *(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 23.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX **Information Regarding Taxable Subsidiaries** (Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

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. (See General Instructions on page 8.)

▶ [signature] 8-15-97 ▶ GHASSAN ELASHI, TRESURER

Signature of officer — Date — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶	Preparer's SSN
[signature]	8/15/97	☒	360 52 7356
Firm's name (or yours if self-employed) and address	BADHAMAND HAZAD 9808 BENT BRANCH LN DALLAS TX	EIN ▶	
		ZIP + 4 ▶ 75243	

7

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions.

▶ **Must be completed by the above organizations and attached to their Form 990 (or 990-EZ).**

OMB No. 1545-0047

1996

Name of the organization	Employer identification number
HOLY LAND FOUNDATION FOR RELIEF & DEVELOPMENT	95-4227517

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(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
NONE				
Total number of other employees paid over $50,000 . . . . . . ▶				

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See instructions on page 1. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services . . . . ▶		

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ $			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI–A. Other organizations checking "Yes," must complete Part VI–B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
4	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)			

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

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 the **Support Schedule** in Part IV–A.)

11a ☒ 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 the **Support Schedule** in Part IV–A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV–A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 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. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV–A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 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 on page 4.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

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

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	Calendar year (or fiscal year beginning in). . . . . ▶	(a) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	3283388	2146597	2047584	1644423	9121967
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 business acquired by the organization after June 30, 1975	6096	8247	13333	1093	28869
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. .					
21	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.					
22	Other income. Attach a sch. Do not include gain (loss) from sale of capital assets					
23	Total of lines 15 through 22	3289485	2155318	2060917	1645116	9150836
24	Line 23 minus line 17.	3289485	2155318	2060917	1645116	9150836
25	Enter 1% of line 23.	32895	21553	20609	16451	

26 **Organizations described in lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24. . . . . ▶ **26a** 183017

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1992 through 1995 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts here . . . . ▶ **26b** 26983

c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . ▶ **26c** $ 9150836

d Add: Amounts from column (e) for lines: **18** $ 28869 **19** $ ______ **22** $ ______ **26b** $ 26983 . . . . ▶ **26d** $ 55852

e Public support (line 26c minus line 26d total) . . . . ▶ **26e** $ 9094984

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**. . . . . ▶ **26f** 99.38 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year:

(1995) ______ (1994) ______ (1993) ______ (1992) ______

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year:

(1995) ______ (1994) ______ (1993) ______ (1992) ______

c Add: Amounts from column (e) for lines: **15** $ ______ **16** $ ______ **17** $ ______ **20** $ ______ **21** $ ______ . . . . ▶ **27c** $

d Add: Line 27a total . . $ ______ and line 27b total . . . . $ ______ . . . . ▶ **27d** $

e Public support (line 27c total minus line 27d total). . . . . ▶ **27e** $

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . ▶ **27f** $

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** . . . . ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** . . . . . ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1992 through 1995, attach a list (which is 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. (See instructions on page 4.)

Part V Private School Questionnaire (See instructions on page 4.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

		Yes	No
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

		Yes	No
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

		Yes	No
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		

If you answered "Yes" to either 34a or b, please explain using an attached statement.

		Yes	No
35 Does the organization certify that it has complied with 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	35		

11

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check here ▶ a ☐ if the organization belongs to an affiliated group.

Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is –	The lobbying nontaxable amount 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 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: If there is an amount on either line 43 or line 44, file Form 4720.

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 through 50 on page 8.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		
(ii) Other assets	a(ii)		
b Other transactions:			
(i) Sales of assets to a noncharitable exempt organization	b(i)		
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		
(iii) Rental of facilities or equipment	b(iii)		
(iv) Reimbursement arrangements	b(iv)		
(v) Loans or loan guarantees	b(v)		
(vi) Performance of services or membership or fundraising solicitations	b(vi)		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show 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, show in column (d) the value of the goods, other assets, or services received.

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

13

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/96 T.I.N. 95-4227517

FORM 990

PART II, LINE 43, STATEMENT OF FUNCTIONAL EXPENSES

	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND-RAISING
ADVERTISING	81,166	68,991		12,175
BANK CHARGES	1,975	1,580	79	316
CONTRACT LABOR	99,867	73,902	9,987	15,978
DUES & SUBS.	5,618	3,933	562	1,123
OUTSIDE SERVICES	33,014	24,761		8,253
PER PROP TAXES	250	188	25	37
UTILITIES	5,805	4,354	581	870
TOTALS	227,695	177,709	11,234	38,752

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM GRANTS ARE APPROPIATED TO VARIOUS PROJECTS, INCLUDING ASSISTANCE TO NON-PROFIT MEDICAL/DENTAL CLINICS, ORPHANGES, EDUCATIONAL FACILITIES, REFUGEE CAMPS, SOCIAL WELFARE CENTERS AND RELIGIOUS FACILITIES IN THE UNITED STATES AND OVERSEAS.

PART IV, LINE 54: INVESTMENTS

	BEGINNING BALANCE	CONTRIB. 1996	EARNINGS	DRAWS	ENDING BALANCE
INV IN MSI HOUSING	92,377		(3,531)	(6,224)	82,622
INV IN ICCF FUND		228,976	5,853		234,829
INV IN SATURNA CAP		60,000	1,224		61,224
TOTALS	92,377	288,976	3,546	(6,224)	378,675

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/96 T.I.N. 95-4227517

FORM 990

PART IV, LINE 56: INVESTMENTS-OTHER

INVESTMENT IN A-1JEWELERS

BEGINNING	70,000
ADD: EARNINGS	2,124
LESS: DISTRIBUTIONS	(2,124)
BALANCE AS OF 12/31/96	70,000

PART IV, LINE 58: OTHER ASSETS

	BEGINNING	ENDING
GOLD	9,219	9,219
LICENCE DEPOSIT	3,600	3,600
CREDIT CARD DEPOSIT	3,000	3,000
RENT DEPOSIT	4,358	4,658
TELEPHONE DEPOSIT	1,680	1,680
PREPAID RENT	3,291	
UTILITY DEPOSIT		125
TOTALS	25,148	22,282

SCHEDULE A, PART III, LINE 4: STATEMENT ABOUT ACTIVITIES

SCHOLARSHIPS OR EDUCATIONAL ASSISTANCE DISBURSEMENTS ARE MADE TO THE NEEDY STUDENTS AT VARIOUS LEVELS OF THE EDUCATIONAL SYSTEM IN THE HOLY LANDS BASED UPON THE RECOMMENDATIONS FROM COMMUNITY LEADERS AND CHARITABLE ORGANIZATIONS IN THE AREAS. THE CRITERIA USED FOR SELECTION INCLUDES NEEDS, AREA OF STUDY, PAST PERFORMANCE AND DESIRE.

PART IV-A, LINE 26b:

NAME	TOTAL GIFTS 1992 - 1995	EXCESS AMOUNT
MOUSA A MARZOOK	210,000	26,983

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/96 T.I.N. 95-4227517

PART 1V-A, LINE 28:

	NAME	AMOUNT	NATURE OF GRANT
1992	MOUSA A MARZOOK	210,000	ONE TIME CASH
	ALEXANDEDRIA CARPET	100,000	ONE TIME CASH
	FAYEZ SHUKAIRY	58,400	ONE TIME CASH
	NASSER ALKHATIB	22,450	ONE TIME CASH
	AHMED A BAZARA	20,000	ONE TIME CASH
	ALAA SAMAN	15,500	ONE TIME CASH

Form **2758** (Rev. August 1992)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-0148 Expires 5-31-95

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

Name HOLY LAND FOUNDATION FOR RELIEF & DEVELOPMENT

Employer identification number 95 : 4227517

Number and street, (or P.O. box no. if mail is not delivered to street address.) P. O. BOX 832390

Apt. or suite no.

City, town or post office, state, and ZIP code. (For a foreign address, see instructions.) RICHARDSON, TX 75083

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 filing Form 990-T) must use **Form 8736** *to request an extension of time to file.*

1 An extension of time until August 15, 19 97, is requested to file (check only one):

- ☐ Form 706GS(D)
- ☐ Form 706GS(T)
- ☒ Form 990 or 990EZ
- ☐ Form 990-BL
- ☐ Form 990-PF
- ☐ Form 990-T (401(a) or 408(a) trust)
- ☐ Form 990-T (trust other than above)
- ☐ Form 1041 (estate) (see instructions)
- ☐ Form 1041-A
- ☐ Form 1042
- ☐ Form 1042S
- ☐ Form 1120-ND (4951 taxes)
- ☐ Form 3520-A
- ☐ Form 4720
- ☐ Form 5227
- ☐ Form 6069
- ☐ Form 8612
- ☐ Form 8613
- ☐ Form 8725
- ☐ Form 8804

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

2a For calendar year 19 96, or other tax year beginning .... and ending ....

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? ☐ Yes ☒ No

4 State in detail why you need the extension. AWAITING PARTNERSHIP K-1 TO PROPERLY [illegible] TAX RETURN

RECEIVED 08 18 97 AUSTIN, TEXAS

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, less any nonrefundable credits. (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 . . . $

c **Balance due** (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD coupon if required. (See instructions.) . . . $

RECEIVED 05 16 97 AUSTIN, TEXAS

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 ▶ M H Azad Title ▶ CPA Date ▶ 5/14/97

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

☑ We **HAVE** approved your application. Please attach this form to your re

☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

☐ We **HAVE NOT** approved your application. After considering the reasons stated in item 4, 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 the return for which an extension was requested.

☐ Other: ....

EXTENSION APP

AUG 15 1997

Director By: Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name MOHAMMED H AZAD CPA

Number and street, (or P.O. box no. if mail is not delivered to street address.) 9808 RENT BRANCH LN

Apt. or suite no.

City, town or post office, state, and ZIP code. (For a foreign address, see instructions.) DALLAS TEXAS 75243

For Paperwork Reduction Act Notice, see back of form. Cat. No. 11976B Form **2758** (Rev. 8-92)

P 095 285 804

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