

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 2000, consisting of twenty-three (23) 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
Resident Agent-in-Charge
Delegation Order CI - 18

GOVERNMENT
EXHIBIT
HLF Tax - 9
3:04-CR-240-G
U.S. v. HLF, et al.

Return of Organization Exempt From Income Tax

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

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2000 calendar year, or tax year period beginning and ending

Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMENT. D Employer ID number: 95-4227517. E Telephone number: 972-699-9868. F Check if application pending.

Org. type (check only one): 501(c)(3) (insert no. 3). Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: Accrual. Check here if the organization's gross receipts are normally not more than \$25,000.

Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received: 13,022,466. Row 2: Program service revenue including government fees and contracts: 62,943. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities: 182,069. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue: 7,055. Row 12: Total revenue: 13,274,533. Row 13: Program services: 8,644,548. Row 14: Management and general: 484,964. Row 15: Fundraising: 368,350. Row 16: Payments to affiliates. Row 17: Total expenses: 9,497,862. Row 18: Excess or (deficit) for the year: 3,776,671. Row 19: Net assets or fund balances at beginning of year: 1,761,781. Row 20: Other changes in net assets or fund balances: SEE STMT 1. Row 21: Net assets or fund balances at end of year: 5,246,704.

SCANNED AUG 13 2001

EXPENSES

NET ASSETS

Part I 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 20.)

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
2	Grants and allocations (attach schedule) (cash \$ 4,960,730 non-cash \$)	22 4,960,730	4,960,730		
3	Specific assistance to individuals	23			
4	Benefits paid to or for members	24			
5	Compensation of officers, directors, etc.	25 165,000	117,150	18,150	29,700
6	Other salaries and wages	26 605,392	432,838	63,187	109,367
7	Pension plan contributions	27			
8	Other employee benefits	28 337,930	307,829	18,830	11,271
9	Payroll taxes	29			
10	Professional fundraising fees	30			
11	Accounting fees	31			
12	Legal fees	32			
13	Supplies	33 100,967	87,304	9,155	4,508
14	Telephone	34 68,151	57,987	4,902	5,262
15	Postage and shipping	35			
16	Occupancy	36 59,132	46,145	9,535	3,452
17	Equipment rental and maintenance	37			
18	Printing and publications	38			
19	Travel	39 264,921	220,672	15,630	28,619
20	Conferences, conventions, and meetings	40			
21	Interest	41			
22	Depreciation, depletion, etc. (att. sch.)	42 70,700	59,242	7,141	4,317
23	Other expenses (itemize): a	43a			
	b SEE STATEMENT 2	43b 2,864,939	2,354,651	338,434	171,854
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-16 44	9,497,862	8,644,548	484,964	368,350

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 II Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
▶ SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. 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.)	
a ESTABLISH, OPERATE AND/OR CONTRIBUTE TO A RELIEF FUND FOR REFUGEES AND THE INDIGENT NEEDY. (Grants and allocations \$ 4,960,730)	8,644,548
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
45	Cash-non-interest-bearing	451,011	45	3,105,215
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	
			47c	
48a	Pledges receivable	160,535	48a	
b	Less: allowance for doubtful accounts		48b	
			48c	160,535
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	21,603
54	Investments—securities SEE STMT 4 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,126,454	54	1,886,546
55a	Investments—land, buildings, and equipment: basis	516,323	55a	
b	Less: accumulated depreciation (attach schedule)	196,219	55b	
		90,414	55c	320,104
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation (attach schedule)		57b	
			57c	
58	Other assets (describe SEE STMT 5)	173,213	58	40,465
59	Total assets (add lines 45 through 58) (must equal line 74)	1,841,092	59	5,534,468
60	Accounts payable and accrued expenses	79,311	60	230,401
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)	79,311	66	230,401
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	1,775,676	67	-67,099
68	Temporarily restricted	-13,895	68	5,371,166
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	1,761,781	73	5,304,067
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,841,092	74	5,534,468

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

Part V Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Total revenue, gains, and other support per audited financial statements	a	12,982,785	a	Total expenses and losses per audited financial statements	a	9,497,862
Amounts included on line a but not on line 12, Form 990:				b		
(1) Net unrealized gains on investments \$ -291,748				(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$				(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$				(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify):				(4) Other (specify):		
\$				\$		
Add amounts on lines (1) through (4)	b	-291,748		Add amounts on lines (1) through (4)	b	
Line a minus line b	c	13,274,533	c	Line a minus line b	c	9,497,862
Amounts included on line 12, Form 990 but not on line a:				d		
(1) Investment expenses not included on line 6b, Form 990 \$				(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):				(2) Other (specify):		
\$				\$		
Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
Total revenue per line 12, Form 990 (line c plus line d)	e	13,274,533	e	Total expenses per line 17, Form 990 (line c plus line d)	e	9,497,862

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MOHAMMAD ELMEZAIN 11454 CYPRESS CYN PK, SAN DIEGO, CA.	BOARD MEMBER 40	90,000	1,800	0
SHUKRI A. BAKER 2917 FAIRMEADOW, GARLAND, TX	PRESIDENT 40	75,000	1,800	6,000
GHOSSAN ELASHI 304 TOWNE HOUSE LN, RICHARDSON, TX	CHAIRMAN 10	0	0	0
DR. AHMAD AGHA 2500 WILDWOOD AVE, PONCA CITY, OKLA.	BOARDMEMBER 2	0	0	0
DR. MAMOUN BADER 24 ELM ST., MOUNTAIN TOP, PA.	BOARDMEMBER 2	0	0	0
RASMI ALMALLAH 876 COTSWOLD, RICHARDSON, TX	BOARDMEMBER 2	0	0	0
DR. RIAD ABDELKARIM 6813 E. CANYON RIDGE, ORANGE, CA.	SECRETARY 2	0	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 26.

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Part VII Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
5	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
7	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
8a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
0a	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
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
1a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
2a	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		
3a	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	N/A	
4a	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	N/A	
5	501(c)(4), (5), or (6) organizations: a. Were substantially all dues nondeductible by members?	85a	N/A	
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	N/A	
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	N/A	
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	N/A	
16	501(c)(7) orgs. 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		
17	501(c)(12) orgs. 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		
18	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
19a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
20a	List the states with which a copy of this return is filed <u>TX CA NY NJ IL MO</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		22
21	The books are in care of <u>MOHAMMAD WAFI YAISH</u> Telephone no. <u>972-699-9868</u> Located at <u>525 INTERNATIONAL PKWY, RICHARDSON, TX</u> ZIP code <u>75081</u>			
22	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

Part VI Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
1 Program service revenue:					
a PANTRY INCOME					62,943
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
4 Membership dues and assessments					
5 Interest on savings and temporary cash investments					
6 Dividends and interest from securities			14	182,069	
7 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
8 Net rental income or (loss) from personal property					
9 Other investment income					
10 Gain or (loss) from sales of assets other than inventory					
11 Net income or (loss) from special events					
12 Gross profit or (loss) from sales of inventory					
13 Other revenue:					
a					
b MISC. REVENUE			1	7,055	
c					
d					
e					
14 Subtotal (add columns (B), (D), and (E))		0		189,124	62,943
15 Total (add line 104, columns (B), (D), and (E))					252,067

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

Part VII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

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).
N/A	

Part VIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part IX Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg. 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Preparer's Signature
 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. (Important: See General Instruction W, on page 14.)
 Signature of officer: *Ghassan Elashi* Date: 7-31-2001 Type or print name and title: Ghassan Elashi, Chairman

Preparer's Paid/Use Only
 Preparer's signature: *Tam W. Pingleton, CPA* Date: 7/30/01 Check if self-employed: Preparer's EIN: [REDACTED]
 Firm's name (or yours if self-employed) and address, and ZIP code: PINGLETON, HOWARD & COMPANY, P.C. P.O. BOX 148 FRISCO, TX 75034-0148
 Phone no: 972-335-9754

7

SCHEDULE A
Form 990 or 990-EZ

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.)

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

**HOLY LAND FOUNDATION FOR RELIEF
AND DEVELOPMENT**

Employer identification number

95-4227517

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. 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 ben, plans & deferred compensation	(e) Expense account and other allowances
ABDEL JABBAR HAMDAN 525 INT'L PKWY, RICHARDSON, TX	EMPLOYEE 40	70,500	0	0
DALELL MOHAMED 525 INT'L PKWY, RICHARDSON, TX	EMPLOYEE 40	60,000	1,800	0
HAITHAM MAGHAWY 525 INT'L PKWY, RICHARDSON, TX	EMPLOYEE 40	60,000	1,800	0
MOHAMMAD WAFW YAISH 525 INT'L PKWY, RICHARDSON, TX	EMPLOYEE 40	55,000	1,800	0
Total number of other employees paid over \$50,000 0				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instr. 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 0		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.)	6,303,095	5,281,652	5,527,942	5,655,792	22,768,481
Membership fees received					
Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable, etc., purpose					
Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	310,145	30,485	9,454	5,670	355,754
Net income from unrelated business activities not included in line 18					
Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
The value of services or facil. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge					
Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets					
Total of lines 15 through 22	6,613,240	5,312,137	5,537,396	5,661,462	23,124,235
Line 23 minus line 17	6,613,240	5,312,137	5,537,396	5,661,462	23,124,235
Enter 1% of line 23	66,132	53,121	55,374	56,615	

Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	462,485
b Attach a list (which is 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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	23,124,235
d Add: Amounts from column (e) for lines: 18 <u>355,754</u> 19 _____ 22 _____ 26b _____	26d	355,754
e Public support (line 26c minus line 26d total)	26e	22,768,481
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	98.4616%

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 (which is not open to public inspection) 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: N/A

(1999) _____ (1998) _____ (1997) _____ (1996) _____

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 these differences (the excess amounts) for each year: N/A

(1999) _____ (1998) _____ (1997) _____ (1996) _____

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 (c) (numerator) divided by line 27f (denominator))	27h	%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 page 5 of the instr.)

10

Part V Private School Questionnaire (See page 5 of the instructions.)

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

		N/A	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?			
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?			
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization 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 catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	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:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has 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.			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)

(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
Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
Total lobbying expenditures (add lines 36 and 37)	38	
Other exempt purpose expenditures	39	
Total exempt purpose expenditures (add lines 38 and 39)	40	
Lobbying nontaxable amount. Enter the amount from the following table-		
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	41
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	
Grassroots nontaxable amount (enter 25% of line 41)	42	
Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must 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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
1 Lobbying nontaxable amount					
2 Lobbying ceiling amount (150% of line 45(e))					
3 Total lobbying expenditures					
4 Grassroots nontaxable amount					
5 Grassroots ceiling amount (150% of line 48(e))					
6 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 page 9 of the instr.)

N/A

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 (See page 9 of the instructions.)

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?

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

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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:

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED LOSSES ON INVESTMENTS	\$ -291,748
TOTAL	<u>\$ -291,748</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
MISCELLANEOUS	22,237	5,472	4,801	11,964
OFFICE	56,338	47,292	4,971	4,075
FEES	141,557	114,020	21,608	5,929
REPAIRS AND MAINTENANCE	52,025	32,723	17,570	1,732
SUBSCRIPTIONS	7,692	6,962		730
PROFESSIONAL FEES	561,504	426,729	111,277	23,498
PROGRAM CORRESPONDENCE	1,401,059	1,321,689	52,779	26,591
UTILITIES	8,978	6,974	1,495	509
MISCELLANEOUS LABOR	144,446	33,580	20,256	90,610
OVERSEAS PROGRAMS	378,263	358,610	13,437	6,216
SPECIAL EVENTS	90,840	600	90,240	
TOTAL	<u>\$ 2,864,939</u>	<u>\$ 2,354,651</u>	<u>\$ 338,434</u>	<u>\$ 171,854</u>

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

TO ESTABLISH, OPERATE AND/OR CONTRIBUTE TO A RELIEF FUND FOR
REFUGEES AND THE INDIGENT NEEDY.
TO SPONSOR CHARITABLE ACTIVITIES BENEFITTING AND/OR TO MAKE
CONTRIBUTIONS OR DISTRIBUTIONS TO OTHER QUALIFYING TAX EXEMPT
ORGANIZATIONS.

Federal Statements

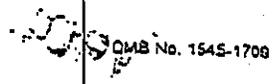
Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK	<u>1,126,454</u>	<u>1,886,546</u>	
	<u>1,126,454</u>	<u>1,886,546</u>	

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER ASSETS	\$ <u>173,213</u>	\$ <u>40,465</u>
TOTAL	\$ <u>173,213</u>	\$ <u>40,465</u>

Application for Extension of Time To File an Exempt Organization Return



▶ File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
 Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)
 Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or int	Name of Exempt Organization HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMENT	Employer identification number 95-4227517
Address by the date for your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 525 INTERNATIONAL PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHARDSON TX 75081	

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

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

If the organization does not have an office or place of business in the United States, check this box
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/01 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2000 or
 ▶ tax year beginning _____ and ending _____

If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
 c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See 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 ▶ [Signature] Title ▶ CPA Date ▶ 5/04/01
 Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)



HOLYLAND FOUNDATION
for Relief & Development

Internal Revenue Service

Austin, Texas 73301

Tel: 972-699-8388
Fax: 972-699-1151

E-Mail: hlf@hlf.org
Internet: www.hlf.org

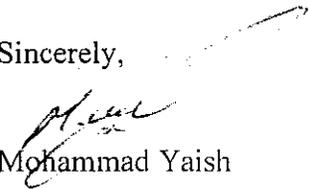
525 International Pkwy
Suite 509
Richardson, Texas 75081

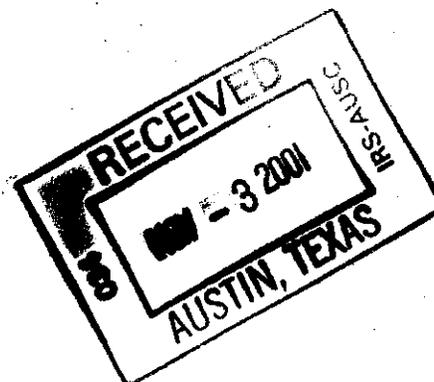
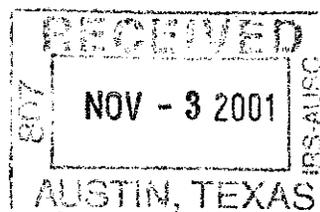
November 1, 2001

Subsequent to our letter dated October 11, 2001, you will find enclosed the 1096 summary along with copy of 1099 for the year 1996.

Should you have any question, you may contact me at (972) 699-9868 ext 140

Sincerely,


Mohammad Yaish



9898

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 <i>1996</i> 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name ABDULLATIF AL-KOSARI		5 Employee contributions or insurance premiums \$ 19780.00	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 3985 OLIVER		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code DETROIT MI 48211		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60 0004		10 State tax withheld \$	11 State/Payer's state no.		12 State distribution \$
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$

Form 1099-R

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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 <i>1996</i> 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name ABDEL JABBAR HAMDAN		5 Employee contributions or insurance premiums \$ 27264.00	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 2130 W. CRESCENT		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code ANAHEIM CA 92801		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60 0001		10 State tax withheld \$	11 State/Payer's state no.		12 State distribution \$
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$

Form 1099-R

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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 <i>1998</i> 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name AMMAR H. IMREISH		5 Employee contributions or insurance premiums \$ 21750.00	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 2543 W. WINSTON ROAD		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code ANAHEIM CA 92804		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60 0003		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

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PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 <i>1998</i> 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name KIFAH A. MUSTAPHA		5 Employee contributions or insurance premiums \$ 19400.00	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 9205 CENTRAL AVENUE		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code OAK LAWN IL 60453		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60 0005		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

Form 1099-R

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PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 1998 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.	
RECIPIENT'S name ABDULRAHMAN A. ODEH		5 Employee contributions or insurance premiums \$ 28942.00	6 Net unrealized appreciation in employer's securities \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.) 136 FLORANCE AVE		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
City, state, and ZIP code IRVINGTON NJ 07111		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60 0002		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

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PAYER'S name, street address, city, state, and ZIP code HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081		1 Gross distribution \$	OMB No. 1545-0119 1998 2000 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 95-4227517	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.	
RECIPIENT'S name		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
City, state, and ZIP code		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) R60		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

Form 1099-R

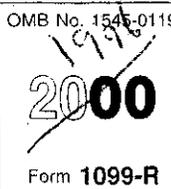
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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	
<p>Be sure to transfer the following 1099-MISC information to your Form 1096: Payer's Federal identification number, total reported forms, and Federal income tax withheld. Add the contents of 1099-MISC Boxes 1,2,3,5,6,7,8, and 10. Transfer this sum to Form 1096 Box 5. Enter an "X" in the 1099-MISC Box to indicate the type of form being filed.</p>		\$		
		2a Taxable amount		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	
95-4227517		\$	\$	
RECIPIENT'S name		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
		\$ 117136.00	\$	
Street address (including apt. no.)		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %
Client R60 Total			\$	%
City, state, and ZIP code		9a Your percentage of total distribution %	9b Total employee contributions \$	
5 Reported			\$	
Account number (optional)		10 State tax withheld	11 State/Payer's state no.	
R60		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		13 Local tax withheld	14 Name of locality	
		\$	\$	
		\$	\$	
		\$	\$	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy A For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-R

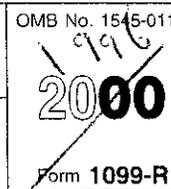
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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	
<p>HOLY LAND FOUNDATION 525 INTERNATIONAL PK #509 RICHARDSON TX 75081</p>		\$		
		2a Taxable amount		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	
95-4227517		\$	\$	
RECIPIENT'S name		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
		\$	\$	
Street address (including apt. no.)		7 Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %
			\$	%
City, state, and ZIP code		9a Your percentage of total distribution %	9b Total employee contributions \$	
			\$	
Account number (optional)		10 State tax withheld	11 State/Payer's state no.	
R60		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		13 Local tax withheld	14 Name of locality	
		\$	\$	
		\$	\$	
		\$	\$	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy A For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-R

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Department of the Treasury - Internal Revenue Service

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HOLY LAND FOUNDATION
for Relief & Development
A Helping Hand For All Mankind

525 International Pkwy, Suite 509, Richardson, TX 75081



7000 1530 0004 3851 4324



RETURN RECEIPT
REQUESTED



9264

Internal Revenue Service
Ogden, UT 84201-0027

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