

Form **990**

Return Organization Exempt From Income Tax

OMB No. 1545-0047

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

1990

Department of the Treasury
Internal Revenue Service

Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1990, or fiscal year beginning _____, 1990, and ending _____, 19

Use IRS label. Otherwise, please print or type.	Name of organization THE OCCUPIED LAND FUND	A Employer identification number (see instruction S2) 95-4227517
	Number, street, and room (or P.O. box number) (see instruction S1.) 5855 GREEN VALLEY CIRCLE, SUITE 207	B State registration number (see instruction E) 1454143
	City or town, state, and ZIP code CULVER CITY, CALIF 90230	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section 501(c)(3) (insert number), OR section 4947(a)(1) charitable trust (see instruction C7 and question 92.) E Accounting method: Cash Accrual Other (specify) _____

F Is this a group return (see instruction Q) filed for affiliates? Yes No G If either answer in F is "Yes," enter four-digit group exemption number (GEN) _____

If "Yes," enter the number of affiliates for which this return is filed _____ H Check box if address changed

If this a separate return filed by a group affiliate? Yes No

I Check here If your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A5). Some states require a completed return.

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	841,822	
	b Indirect public support	1b		
	c Government grants	1c		
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	841,822	
	2 Program service revenue (from Part VII, line 93)	2		
	3 Membership dues and assessments (see instructions)	3		
	4 Interest on savings and temporary cash investments	4	160	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (line 6a less line 6b)	6c		
7 Other investment income (describe _____)	7			
8a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	b Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B))	8d		
9 Special fundraising events and activities (attach schedule—see instructions):	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses	9b		
	c Net income (line 9a less line 9b)	9c		
10a Gross sales less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) (line 10a less line 10b) (attach schedule)	10c		
11 Other revenue (from Part VII, line 103)	11	145,428		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	987,250		
Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	649,100	
	14 Management and general (from line 44, column (C)) (see instructions)	14	97,476	
	15 Fundraising (from line 44, column (D)) (see instructions)	15	73,838	
	16 Payments to affiliates (attach schedule—see instructions)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	820,414	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	166,836	
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	191,165	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	358,001	

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

Form 990 (1990)

4DL136 0000443

Defendants'
Exhibit
D-1081
3:04-CR-240

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 (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

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
Expenses	22 Grants and allocations (attach schedule)	649,100	649,100		
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.	13,500		13,500	
	26 Other salaries and wages	9,518		9,518	
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes	2,204		2,204	
	30 Professional fundraising fees				
	31 Accounting fees				
	32 Legal fees				
	33 Supplies	2,547		2,547	
	34 Telephone	3,570		3,570	
	35 Postage and shipping	24,527			24,527
	36 Occupancy	10,707		10,707	
	37 Equipment rental and maintenance	453		453	
	38 Printing and publications	46,812			46,812
	39 Travel	32,259		32,259	
	40 Conferences, conventions, and meetings	3,460		3,460	
	41 Interest				
	42 Depreciation, depletion, etc. (attach schedule)	2,820		2,820	
	43 Other expenses (itemize): a Outside svcs.	14,475		14,475	
	b Dues & subscriptions	397		397	
	c Bank charges	307		307	
d Misc. admin. & gen.	1,259		1,259		
e Advertising	2,499			2,499	
f					
44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	820,414	649,100	97,476	73,838	

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.	Expenses (optional for some organizations—see instructions)
a Program grants are appropriated to various projects, including assistance to not for profit medical/dental clinics, orphan care centers, educational facilities, and religious facilities in areas of the Holy Lands affected by war and civil unrest. (Grants and allocations \$)	649,100
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total (add lines a through e) (should equal line 44, column (B)). ▶	649,100

Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets				
45	Cash—noninterest-bearing	191,165	45	356,306
46	Savings and temporary cash investments		46	
47a	Accounts receivable	5,500	47a	5,500
b	Less: allowance for doubtful accounts		47b	
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis	20,006	55a	
b	Less: accumulated depreciation (attach schedule)	2,820	55b	17,186
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation (attach schedule)		57b	
58	Other assets (describe ▶ _____)		58	2,000
59	Total assets (add lines 45 through 58)	191,165	59	380,992
Liabilities				
60	Accounts payable and accrued expenses		60	22,991
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ▶ _____)		65	
66	Total liabilities (add lines 60 through 65)		66	
Fund Balances or Net Assets				
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund	191,165	67a	337,995
b	Current restricted fund		67b	
68	Land, buildings, and equipment fund		68	20,006
69	Endowment fund		69	
70	Other funds (describe ▶ _____)		70	
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (see instructions)	191,165	74	358,001
75	Total liabilities and fund balances/net assets (see instructions)	191,165	75	380,992

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
SHOKRY A. BAKER	EXEC. DIR. 40 hrs.	12,150	None	None

Part VI Other information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service?		X
If "Yes," attach a detailed description of each activity.		
77 Were any changes made in the organizing or governing documents, but not reported to IRS?		X
If "Yes," attach a conformed copy of the changes.		
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	N/A	A
78c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership?	N/A	A
If "Yes," complete Part IX.		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.)		X
If "Yes," attach a statement as described in the instructions.		
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)		X
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions [81a]		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	N/A	A
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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] 12,000		
83a Did anyone request to see either your annual return or exemption application (or both)?		X
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	N/A	A
84a Did you solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	N/A	A
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))	N/A	A
b If "Yes," enter the total amount spent for this purpose [85b]		
86 Section 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 (See instructions.) [86b]		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	N/A	A
87 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders [87a]		
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) [87b]		
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ▶		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
91 The books are in care of ▶ Mace Abdullah, CPA Telephone no. ▶ 213-463-1664 Located at ▶ 1800 N. Highland Ave., #412, Hollywood, Calif 90028		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 192		

Part VII Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees 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 from special fundraising events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: (a) Contributions					987,090
(b) Miscellaneous					160
(c) _____					
(d) _____					
(e) _____					
104 Subtotal (add columns (b), (d), and (e))					987,250
105 TOTAL (add line 104, columns (b), (d), and (e))					987,250

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). (See instructions.)
103	Funds used to make grants to assist the humanitarian services being provided to refugees and residents of the war torn and civilly distressed areas of the Holy Lands.

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

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

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.

Signature of officer: Carson G. Lushi Date: 9-16-91 Title: SECRETARY

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 9-16-91 Check if self-employed:

Firm's name (or yours if self-employed) and address: MACE ABDULLAH, ATTYCPA
1800 N. HIGHLAND AVE., #412, HOLLYWOOD, CA ZIP code: 90028

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(a), 501(f), 501(k), or Section 408(a)(1) Charitable Trust

Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1990

Name
THE OCCUPIED LAND FUND

Employer identification number
95 4227517

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

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

Total number of other employees paid over \$30,000 ▶

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

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

Total number of others receiving over \$30,000 for professional services ▶

Part III Statements About Activities

	Yes (1)	No (2)
1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		X
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	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 your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Do you make grants for scholarships, fellowships, student loans, etc.?	3	X
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

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

Schedule A (Form 990) 1990

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

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 3.)
- 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 name, city, and state of hospital ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 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 Support Schedule.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

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

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

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

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1989	1988	1987	1986	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	210,275				210,275
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					210,275
23 Total of lines 15 through 22	210,275				210,275
24 Line 23 minus line 17	210,275				
25 Enter 1% of line 23	210,275				
26 Organizations described in box 10 or 11: a Enter 2% of amount in column (e), line 24 b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					4,206 None

(Continued on page 3)

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

N/A

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:
 (1989) (1988) (1987) (1986)

b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:
 (1989) (1988) (1987) (1986)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire

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

N/A

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance? (See instructions.)		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)		

Part VI Lobbying Expenditures by Public Charities (see 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 (see instructions).
 Check here b If you checked a and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL selecting organizations
36	Total (grassroots) lobbying expenses to influence public opinion		
37	Total lobbying expenses to influence a legislative body		
38	Total lobbying expenses (add lines 36 and 37)		
39	Other exempt purpose expenses (see Part VI instructions)		
40	Total exempt purpose expenses (add lines 38 and 39) (see instructions)		
41	Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40.		
	\$100,000 plus 15% of the excess over \$500,000.		
	\$175,000 plus 10% of the excess over \$1,000,000.		
	\$225,000 plus 5% of the excess over \$1,500,000.		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43	Excess of line 36 over line 42		
44	Excess of line 38 over line 41		

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45	Lobbying nontaxable amount (see instructions)				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenses (see instructions)				
48	Grassroots nontaxable amount (see instructions)				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenses (see instructions)				

THE OCCUPIED LAND FUND
FEIN 95-4227517
YEAR ENDED DECEMBER 31, 1991

SUPPORTING STATEMENT

FORM 990

PART II-DEPRECIATION & AMORTIZATION:

	COST	METH/PER	CUMULATIVE	CURRENT
EQUIPMENT	16,429	MACRS/5YRS	2,194	2,194
FURNISHINGS	3,577	MACRS/7YRS	626	626
	20,006		2,820	2,820

FORM 990-SCH. A

PART III-STATEMENTS ABOUT ACTIVITIES:

QUESTION 3. SCHOLARSHIPS OR EDUCATIONAL ASSISTANCE DISBURSEMENTS ARE MADE TO NEEDY STUDENTS AT VARIOUS LEVELS OF THE EDUCATIONAL SYSTEM IN THE HOLY LANDS BASED UPON RECOMMENDATIONS FROM COMMUNITY LEADERS AND CHARITABLE ORGANIZATIONS IN THE AREAS. THE CRITERIA USED FOR SELECTION INCLUDES NEEDS, AREA OF STUDY, PAST PERFORMANCE AND DESIRE.

Form **2758**

(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File
Certain Estate, Income, Information, and Other Returns**
▶ File a separate application for each return.

GMB No. 15-41 1-88
Expires 10-31-92

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

Name
THE OCCUPIED LAND FUND
Number and street (or P.O. Box number if mail is not delivered to street address)
**c/o MACE ABDULLAH, CPA/ATTORNEY
1800 N. HIGHLAND AVE., SUITE 412**
City or town, state, and ZIP code
HOLLYWOOD, CALIF 90028-4599

Employer identification number
95-4227517

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

- 1 An extension of time until 7-15-91 is requested in which to file (check only one):
- Form 706GS (D) Form 990-PF Form 1041-A Form 3520-A Form 8612
 - Form 706GS (T) Form 990-T (401(a) or 408(a) trust) Form 1042 Form 4720 Form 8613
 - Form 990 or 990EZ Form 990-T (trust other than above) Form 1042S Form 5227 Form 8725
 - Form 990-BL Form 1041 (estate) Form 1120-ND (4951 taxes) Form 6069 Form 8804

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

2a For calendar year 19 90, 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. Reviewed financial statements have just been completed
and more time is needed in order to accurately prepare the information
return.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax: (see instructions) \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) \$ _____

c Balance due (subtract line 5b from line 5a) Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) \$ None

Signature and Verification

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

Signature ▶ Mace Abdullah Date ▶ 5/15/91

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

Notice to Applicant—To Be Completed by IRS

- We HAVE approved your application. (Please attach this form to your return.)
- We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.
- We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for extension of time to file. (We are not granting the 10-day grace period.)
- We cannot consider your application because it was filed after the due date of your return
- Other _____

Date JUN 04 1991 8950523080 Director

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

Name _____
Number and street (or P.O. Box number if mail is not delivered to street address) _____
City or town, state, and ZIP code _____

JUL 15 1991
Theron G. Pollock, Director
Fresno Service Center

For Paperwork Reduction Act Notice, see back of form. Form 2758 (Rev. 11-89)