



**Department of the Treasury
Internal Revenue Service**

March 13, 2006

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: is an exact copy of Form 990 Return of Organization Exempt from Income Tax for tax year 1994 received for Holy Land Foundation for Relief and Development, Tax Identification Number(s) 95-4227517 and consisting of eleven (11) page(s) _____

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:

**John H. Davis, Jr.
Area Manager Midwest
Communications, Liaison and Disclosure**

for 

**Stephanie K. Young
Disclosure Officer, Midwest Disclosure Office 9
Communications, Liaison and Disclosure**

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

Return of Organization Exempt From Incom. 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

1994

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 1994 calendar year, OR tax year period beginning 1994, 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
P O BOX 832390

City, town, or post office, state, and ZIP code
RICHARDSON TEXAS 75083

D Employer identification number
9514227517

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

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

J Accounting method: Cash Accrual Other (specify)

(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

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 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	2146971	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (attach schedule—see instructions) (cash \$ _____ noncash \$ _____)	1d	2146971	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments (see instructions)	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	8347	
	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 <u> </u>)	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses		8b	
	c	Gain or (loss) (attach schedule)	(B) Other	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
Revenue	9	Special events and activities (attach schedule—see instructions):			
	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		
Revenue	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	2155318	
Expenses	13	Program services (from line 44, column (B)—see instructions)	13	1982300	
	14	Management and general (from line 44, column (C)—see instructions)	14	46381	
	15	Fundraising (from line 44, column (D)—see instructions)	15	81294	
	16	Payments to affiliates (attach schedule—see instructions)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	2119975	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	35343	
	19	Net assets or fund balances at beginning of year (from line 74, column (A))	19	193804	
	20	Other changes in net assets or fund balances (attach explanation) (OWNER)	20	<1>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	628946	

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 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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	1542679	1542679		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	20567	15425	4113	1029
26	Other salaries and wages	114309	102877	4573	6859
27	Pension plan contributions				
28	Other employee benefits	2906	2180	290	436
29	Payroll taxes	10876	8702	1631	543
30	Professional fundraising fees				
31	Accounting fees	48445	3334	667	444
32	Legal fees	8028	8028		
33	Supplies	15937	9442	2361	3934
34	Telephone	26233	20986	1312	3935
35	Postage and shipping	45631	31942	4563	9626
36	Occupancy	20864	15723	3145	2096
37	Equipment rental and maintenance	5809	4351	581	877
38	Printing and publications	84062	67249	841	15972
39	Travel	94084	63306	13395	17383
40	Conferences, conventions, and meetings	7944	5958	794	1192
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	38481	26937	5792	5792
43a	Other expenses (itemize): a				
b	SEE ATTACHED SCHEDULE	77220	63175	2343	11702
43c					
43d					
43e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	2119975	1992300	46381	81294

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 instructions.)

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 SEE ATTACHED STATEMENT (Grants and allocations \$ 1542679)	1992300
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

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	347,378	275,997
46	Savings and temporary cash investments		
47a	Accounts receivable	9150	8500
b	Less: allowance for doubtful accounts		
48a	Pledges receivable		
b	Less: allowance for doubtful accounts		
49	Grants receivable		
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less: allowance for doubtful accounts		
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54	Investments—securities (attach schedule)	94,502	94,502
55a	Investments—land, buildings, and equipment: basis	2,217,76	
b	Less: accumulated depreciation (attach schedule)	944,08	1,273,68
56	Investments—other (attach schedule)	70,000	70,000
57a	Land, buildings, and equipment: basis		
b	Less: accumulated depreciation (attach schedule)		
58	Other assets (describe ▶)	13,000	52,779
59	Total assets (add lines 45 through 58) (must equal line 75)	593,604	628,946
Liabilities			
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Support and revenue designated for future periods (attach schedule)		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule)		
65	Other liabilities (describe ▶)		
66	Total liabilities (add lines 60 through 65)		
Fund Balances or Net Assets			
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
67a	Current unrestricted fund	478,103	407,170
b	Current restricted fund		
68	Land, buildings, and equipment fund	115,501	2,217,76
69	Endowment fund		
70	Other funds (describe ▶)		
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75 (see instructions).			
71	Capital stock or trust principal		
72	Paid-in or capital surplus		
73	Retained earnings or accumulated income		
74	Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal line 21)	593,604	628,946
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	593,604	628,946

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 the organization's programs and accomplishments.

Supplementary Information

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

Employer identification number

HOLY LAND FOUNDATION FOR RELEG & DEVELOPMENT 95-4227517

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 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.) (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

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? 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? 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.?	X	
4 Attach a statement explaining 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.)		

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

- 27 Organizations described on line 12:
- a Attach a list, for amounts shown on lines 15, 16, and 17, 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:
 (1993) (1992) (1991) (1990)
 - b Attach a list to show, for 1990 through 1993, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received, during that year, an amount that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. Include 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:
 (1993) (1992) (1991) (1990)
- 28 For an organization described in line 10, 11, or 12, that received any unusual grants during 1990 through 1993, 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.)

Part V Private School Questionnaire
 (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?		
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? (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 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. (See instructions for Part V.)		

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
 Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of \$800 plus interest.

ACCOUNTING PERIOD — For the Year Beginning 01/01, 1994 and Ending 12/31, 1994

If address changed check here and show changes below
 File Form with label. Otherwise, print or type address.

State Charity registration number CT

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 (If unknown, leave blank)

Corporate or Organization No. 1454143

76302 YEAR ENDED 12/31/94
HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMENT
 P O BOX 832390
 RICHARDSON TX 75083-2390

- A. Is the organization exempt from federal income tax?

Yes	No
X	
- B. If "no", is this entity a split-interest trust? If "no", affix Exhibit A to explain your federal tax status.

Yes	No

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

- This entity is not a private foundation. We have attached a completed copy of IRS Form 990 or 990EZ, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Omit Part III below.
- This entity is a private foundation. We have attached a completed copy of IRS Form 990-PF and related attachments. Complete all Parts below.

PART IA ACTIVITIES: ENTER AMOUNTS AND CHECK BOX

Gross receipts \$ 2,553.18 Total assets \$ 62,894.6
 Are the program activities of this entity limited solely to grantmaking?

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1 Was 50% or more of your total revenue from government agencies? (See line 1 instructions) 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix in sequence Exhibit 1. List the name, address or telephone number, grant amount, and purpose of grant for your two main granting agencies. | | |
| 2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix as Exhibit 2 a copy of the audit report. Enter here the total exceptions. 2a \$ _____ | | |
| 3 Did or will an independent public accountant issue a report on your financial statements? <u>5011221330N</u> 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes", enter here: Accountant's Name <u>MUHAMMAD HAZALI CPA</u> Telephone (214) <u>692-0202</u> | | |
| 4 Is any of your property held in the name of or commingled with the property of any other organization or person, other than pooled investment funds? 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix in sequence as Exhibit 4 a justification. Include a list and value of assets commingled if not provided in a prior year. | | |
| 5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix in sequence as Exhibit 5 a full explanation. Enter here the amount involved. 5a \$ _____ | | |
| 6 Did you transfer or donate anything to an organization that is not tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC? 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix in sequence as Exhibit 6 a justification of why noncharitable entities receive your charitable property. Enter here the fair market value of the donations. 6a \$ _____ | | |
| 7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10. 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 Was there any theft, embezzlement or diversion of your charitable property; or, were you or any of your officers, directors or trustees a party to any court action in which it was alleged that any trust or fiduciary duty was breached? 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix in sequence as Exhibit 8 a full explanation. | | |
| 9 Were any organization funds used to pay any penalty, fine or judgment? 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "yes", affix as Exhibit 9 a full explanation. Enter here the total amount involved. 9a \$ _____ | | |

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

Organization's area code and telephone number () _____

Shaker Baker SHAKER BAKER Exec. Director 5-3-95
 Signature of authorized officer (See instructions) Printed Name Title Date

Yes	No
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31 Did you file a Form 4720 with the Internal Revenue Service? 31
 If "yes", affix in sequence as Exhibit 31 a copy of Form 4720 and enter here the amount of total taxes paid with
 that return 31a _____
 (32-39 not currently in use)

PART IV FUNDRAISING CONSULTANT OR COMMERCIAL FUNDRAISER (FC-CFR) (SEE QUESTION 11)

	EVENT # 1	EVENT # 2	EVENT # 3 **	TOTAL
40 Brief Description of Campaign, Drive or Event				
41 Date or Period Covered				
42 Name of FC-CFR				
43 Address of FC-CFR				
44 Total Public Donations *			44	
45 All Payments to FC-CFR			45	
46 All Other Fund-Raising Expenses			46	
47 Net Proceeds (Line 44 Less 45 and 46)			47	

(48-59 not currently in use) * On line 44, do not deduct any costs from gross donations.

** NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING \$50,000 OR MORE (SEE QUESTION 12)

60 Securities, beginning of year at cost (990, line 54(A) or 990-PF, Part II, lines 10a-c and 12 column (a))	60	94,502
61 Securities acquired, at cost or original basis	61	
62 Securities sold, at cost or original basis (may include sales expenses).	62	
63 Securities, end of year at cost (990, line 54(B) or 990-PF, Part II, lines 10a-c and 12 column (b))	63	94,502
64 Securities, end of year at market value	64	94,502
65 Sum of all gains on sales during the year	65	
66 Sum of all losses on sales during the year	66	
67 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4, column (a))	67	8347
68 Total return realized (line 65 less line 66, plus line 67)	68	8347
69 Less all fees, salaries, and other costs incurred to earn investment income	69	
70 Net return realized from investments in securities (line 68 less line 69).	70	8347

Has this organization engaged in, purchased, sold or held during the year:

	Yes	No
71 Investments (any type) which produce no current income?		X
72 Investments (any type) worth one half or less of original basis?		X
73 Securities on margin?		X
74 Warrants, puts, calls, options, commodity futures, or short sales?		X
75 Stocks rated "Speculative Grade" by Moody's, or ranked "B-" or lower by Standard & Poor's?		X
76 Securities not publicly traded?		X
77 Municipal bonds or similar tax-exempt securities which yield less than taxable securities?		X
78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares?		X

If "yes" on any line from 71-78, affix in sequence as Exhibit 78 a full explanation including original basis and current value.

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT
DECEMBER 31, 1994

FORM 199

FED ID # 95-4227517

STATE ID # 1454143

PART II, SCHEDULE L, LINE 9: INVESTMENTS

	INVESTMENT IN MSI LIMITED PARTNERSHIP I	INVESTMENT IN A-1 JEWELERS
BEGINNING	94,502	70,000
ADD: EARNINGS/DIVIDENDS	3,747	4,600
LESS: DISTRIBUTIONS	<u>(3,747)</u>	<u>(4,600)</u>
BALANCE AS OF 12/31/94	94,502	70,000

PART II, SCHEDULE L, LINE 12, OTHER ASSETS

	<u>1993</u>	<u>1994</u>
GOLD	\$ 9,219	\$ 9,219
RENT DEPOSIT	2,479	3,758
CREDIT CARD DEPOSIT		3,000
TELEPHONE DEPOSIT		1,680
LICENCE DEPOSIT		3,600
PREPAID RENT		30,489
PREPAID PAYROLL TAXES	390	1,033
DIST REC FROM M S I	<u>912</u>	<u></u>
TOTALS	\$ 13,000	\$ 52,779