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

OMB No. 1545-0047

This Form is Open

		NUIB: The organization may have to use a copy of this ret	um to sausty sta	te reporting r	equirements.	to Public Inspection
Ā	For the 1	1999 calendar year, OR tax year period beginning	and ending			
В 4	Check if:	Please C Name of organization			D Employer ider	tification number
	Chang	"   USB   IRS   CHARITABLE SOCIETY FOR SOCIAL			]	
	addres.	s label or WELFARE, INC. % MOHAMED AL HILA	ĿΙ		48-115	0353
Г	Initial retum	type. Number and street for P.O. boy if mail is not delivered to street addre		Room/suite	E Telephone nur	nher
	Final	See Specific 8800 E. 107TH STREET	,	,		1-1526
	DaemA				F Check ►	
_	Amend mules (beginper) distate	KANSAS CITY, MO 64134			I OHOOK P	application is pending
G ·		organization - X Exempt under 501(c) ( 3 ) (insert number) OR	section 4947	(a)(1) nonexer	ont charitable trus	
	•	tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charita				
11/0	Lie. Sec	a group return filed for affiliates? Yes X No	L If either have	n U in absolved	l "Voe " onter four	digit group
						այցու ց լուսի
(0	) II YUS	," enter the number of affiliates for which this is filed:	,	umber (GEN)		 Accrual
			J Accounting n		Ga\$n	Accruai
				(specify) 🕨	<del></del>	
		e Lif the organization's gross receipts are normally not more than \$25,00				RS; but
		<u>ed a Form 990 Package in the mail, it should file a return without financial data.   Sr</u>				
		990-EZ may be used by organizations with gross receipts less than \$100		sets less thar	n \$250,000 at er	nd of year.
R	ant II	Revenue, Expenses, and Changes in Net Assets or Fur	nd Balances			
	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	<u> 150,2</u>	<u>15.</u>	
	b	Indirect public support	1b			
	c	Government contributions (grants)	10			
	d	Total (add lines 1a through 1c) (attach schedule of contributors)				
⊋		(cash \$ 150,215. noncash \$	) ,		1d	150,215.
րոր, Դոր	2	Program service revenue including government fees and contracts (from Part VII				
J	3	Membership dues and assessments				
_	4	Interest on savings and temporary cash investments				
2	5	Dividends and interest from securities				
200	6 a	Gross rents				
-		Less: rental expenses	·· <del> </del>	<u></u>		
)	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
Revenue	7	Other investment income (describe			7	<del>-</del>
2 5	i .	Gross amount from sale of assets other (A) Securities		(B) Other	<del>- /            </del>	<del>-</del>
Revenue	"	<u> </u>	8a	(D) Outo		
~}		than inventory	8b		<del></del>	
90	1	Less: cost or other basis and sales expenses	8c			
		Gain or (loss) (attach schedule)				
		Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	<del></del> -
	9	Special events and activities (attach schedule)				
	l a	Gross revenue (not including \$ of contributions	اما			
	1.	reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses				
	C	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c  </b>	<del></del>
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b	•			
	11	Other revenue (from Part VII, line 103)				
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u> </u>			150,215.
£O.	13	Program services (from line 44, column (B))  Management and general (from line 44, column (C))			13	51,438.
Se	14	Management and general (from line 44, column (C))	~ * * * * * * * * * * * * * * * * * * *		14	3,879.
Expenses	15	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)		(2)	15	1,000.
虿	18	Payments to affiliates (attach schedule)	24Y <u>1</u> <u>a 20</u> r		16	· · · · · · · · · · · · · · · · · · ·
	17	Total expenses (add lines 16 and 44 column (A))		i (1) 1	17	56,317.
,=	18	Excess or (deficit) for the year (subtract line 17 from line 12)	Maria Same	in the second second	18	93,898.
Net Assets	19	Excess or (deficit) for the year (subtract line 17 from line 12)  Net assets or fund balances at beginning of year (from line 73, column (A))	~ 54 54 151 181, 35 mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	<i>[</i> ]	19	7,185.
ŽŞ	20	Other changes in net assets or fund balances (attach explanation)	The state of the s		20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	101,083.

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

	n 990 (1999) WELFARE,	IN	C. % MOHAMED	AL HILALI		150353 Page 2
P	Statement of All organic Functional Expenses (4) or	janiza ganiz	ations must complete colum ations and section 4947(a)(	in (A). Columns (B), (C), ani 1) nonexemet charitable tru	d (D) are required for sections	n 501(c)(3) and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	yanız	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)			•		
	cash \$noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23	51,438.	51,438.	STATEMENT 2	
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26	Other salaries and wages	26		·		<u>.                                    </u>
27		27	i —			<u> </u>
28		28			<u> </u>	<del></del>
29	Payroll taxes	29	1 000	<del></del> <del>_</del> -		1 000
	Professional fundraising fees	30	1,000.	<del>-</del>		1,000.
	Accounting fees	31	250.		250.	
32	Legal fees	32	281.		281.	
33	Supplies	33	425			
34	Telephone	34	435. 423.		435. 423.	
35		35	423.	<del></del>	423.	<del></del>
	Occupancy	36			<del></del>	
37	Equipment rental and maintenance	37	<u> </u>	<del>-</del>		<u></u>
38	Printing and publications	38	0.76		976.	
	Travel	39	976.	<del></del>	970.	
40	Conferences, conventions, and meetings	40		<del></del> _		
41	Interest	41	<del>_</del>	<del></del> _	_ <del>_</del>	<del></del>
42		42		<del>-</del> -	<del></del> -	
	Other expenses (itemize): OFFICE SUPPLIES		855.		855.	
	OTHER	43a	16.		16.	
	OTHER	43b	643.		643.	<del></del>
-	<del></del>	43c			043.	
ď		43d 43e	— <del>—</del> ———	<del></del>		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these		F.C. 317	F1 420	2 070	1 000
	totals to lines 13-15	44				1,000.
Rep	arting of Joint Casts Did you report in column (B)	(Pro	gram services) any joint cos	ts from a combined educati	ional campaign and	
tuno	draising solicitation?				▶ ∟	Yes LA No
	res," enter (I) the aggregate amount of these joint cos					
	the amount allocated to Management and general \$ art     Statement of Program Service			(iv) the amount allocated to	Fundraising \$	<del></del>
	at is the organization's primary exempt purpose?			1	Т	
AAII	at is the organization s primary exempt purpose?	<u> </u>	DIAIDIRI	<u> </u>	<u> </u>	Program Service
Allo	rganizations must describe their exempt purpose achievement	s in a	clear and concise manner. State	the number of clients served, pu	bilications issued, etc. Discuss	Expenses (Required for 501(cl/3) and
	evernents that are not measurable. (Section 501(c)(3) and (4) on ations to others.)	ganiza	tions and 4947(a)(1) nonexempt o	charitable trusts must also enter	the amount of grants and	(Required for 501(c)(3) and (4) orga., and 4947(a)(1) trusts; but optional for others.)
_	PROVIDE RELIEF TO ORPHA	NS	, REFUGEES A	ND THE NEEDY	IN YEMEN	
_			·	<del></del>		
		_		Grants and allocations \$	)	45,976.
b	PROVIDED ASSISTANCE TO	FΙ	VE YOUTH CLU		S FOLLOWS:	<u></u>
	2 IN DETROIT, MI; 1 IN	BR	OOKLYN, NY;	1 IN LA, CA;	AND 1 IN	
	WASHINGTON, DC.					
			(0	Frants and allocations \$	)	5,462.
c						
			(0	Grants and allocations \$	)	
d						
			<del></del>			
				Grants and allocations \$	)	
_ <u>e</u>	Other program services (attach schedule)			Grants and allocations \$		
<u>f</u>	Total of Program Service Expenses (should equal in	ine 44		ric <u>es)</u>	<b>.</b>	51,438.
9230 12-1	011 4-99		2			Form 990 (1999)

Form 990 (1999) WELFARE, INC. % MOHAMED AL HILALI

48-1150353

Page 3

1		<u> </u>	Beginning of year	End of year
45	Coah - non-interest-heaving		7,185.	5 101,083
46	•		<del></del>	
40	Savings and temporary cash investments		4	<u> </u>
1.7.	A considerate service bla	475		
47 a				SSS.  7-
b	Less: allowance for doubtful accounts	TO THE RESERVE TO THE	47	/C
40.5	Pladace receivable	48a		
48 a	Pledges receivable		48	4654 Da
49			44	
50	Grants receivable		- <del>-</del> +	<u> </u>
30	and key employees		51	n
51.0	Other notes and loans receivable		3333	330
	Less: allowance for doubtful accounts		51	
52	Inventories for sale or use		5	
53	Prepaid expenses and deferred charges		55	<del></del>
54	Investments - securities			· <del>-</del>
1 -	Investments - land, buildings, and			7 2000 2000
100 a	equipment: basis	55a		
İ	equipment, basis		****** 	
Ь	Less: accumulated depreciation	556	55	388 to
56	Investments - other		5	
	Land, buildings, and equipment: basis			
	Less: accumulated depreciation		57	C80 <b>7</b> 0
58	Other assets (describe		50	
"				<del></del>
59	Total assets (add lines 45 through 58) (must e	qual line 74)	7,185.	101,083
60	Accounts payable and accrued expenses		61	
61	Grants payable		6	1
52	Deferred revenue		62	2
63	Loans from officers, directors, trustees, and ke		63	3
64 a	Tax-exempt bond liabilities		64	a
b	Mortgages and other notes payable		64	b
65	Other liabilities (describe		65	5
66	Total Habilities (add lines 60 through 65)		0. 60	6 0
Organ	ilzations that follow SFAS 117, check here 🕨	and complete lines 67 through		
1	69 and lines 73 and 74.			
67	Unrestricted		67	
68	Temporarily restricted			
69	Permanently restricted		69	<u> </u>
Organ	nizations that do not follow SFAS 117, check he	re 🕨 🔣 and complete lines		
	70 through 74		, [S.	
70	Capital stock, trust principal, or current funds		0. 70	
71	Pald-in or capital surplus, or land, building, and		0. 71	
	Retained earnings, endowment, accumulated in	1	7,185. 72	101,083
1 70	Total net assets or fund balances (add lines 6)	through 69 OR lines 70 through 72;		820
	column (A) must equal line 19 and column (B)	4 11 041	7,185.	101,083

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.

	n 990 (1999) WELFARE, INC					48-11503	
P	Reconciliation of Revenue per Financial Statements with Rev	Audited	Part I	/-B Recond	ciliation of Exp	enses per Al	udited
	Return	venue per		Return	ial Statements	s with Expens	ses per
٠a	Total revenue, gains, and other support	37 / B	a To	ital expenses and I	Osses per		NT / D
	per audited financial statements	N/A	b Ai	idited financial stat nounts included or	ements I line a but not on	▶   a	N/A
b	Amounts included on line a but not on line 12, Form 990:		(1) Do	e 17, Form 990: mated services			
(1)	Net unrealized gains on investments\$		4	d use of facilities , ior year adjustmen	\$ to		
791	Donated services		4 ''	•	ıs		
(2)	poor process			ported on line 20,			
	and use of facilities\$		1		\$		
(3)	Recoveries of prior			sses reported on			
	year grants\$		1		.,\$		
(4)	Other (specify):		(4) Ot	her (specify):	\$		
	Add amounts on lines (1) through (4) b		Ac	ld amounts on line	s (1) through (4)	<b>▶</b> b	
c	Line a minus line b	_			·		
d	Amounts included on line 12, Form		4	nounts included or			
	990 but not on line a:		99	0 but not on line a	:		
(1)	Investment expenses		1	vestment expenses			
	not included on		1	t included on			
	line 6b, Form 990\$				\$	B	
(2)	Other (specify):		(2) Ot	her (specify):			
_	Add amounts on lines (1) and (2)	;; *: :>; : : : : : : : : : : : : : : : : :	Δ.	id amounts on line	s (1) and (2)	Д (	200.000.000.000000000000000000000000000
	Total revenue per line 12, Form 990		B To	tal expenses per lit	o 17 Form 000	····· -   <del>"  </del>	
Ü	(line c plus line d) B		l (lii	te c plus line d)		▶   e	
De	It V List of Officers, Directors, Truste	es. and Kev E	mplov	es (List each on	e even if not comper	isated.)	_
60.40.34			(B) Title a	and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address		perw	eek devoted to position	(If not paid, enter	plans & deferred compensation	àccount and other allowances
MO	HAMED AL HILALI		SECRE	TARY/TRE	ASURER	COMPANIATION	
88	00 E. 107TH ST.				ł		
Κ̈́Ā	NSAS CITY, MO 64134				0.	0.	0.
	. HAMUD AL SILWI		VICE	PRESIDEN	T/NY		
$\overline{14}$	3 STATE ST.						
БŔ	OOKLYN, NY 11202	<b></b>			0.	0.	0.
MO	HAMED A. RAHMAN		VICE	PRESIDEN	T/MI		
$\vec{4}\vec{0}$	52 OLIVER ST.		,				
ŌΕ̈́	TROIT, MI 48211				0.	ا. ٥	0.
AN	WAR AL AWLAQI		VICE	PRESIDEN	T/CA		
71	81 SARANAC ST.	- <b></b> [					
	N DIEGO, CA 91750				0.	0.	0.
	MED NASHER	_	OFFIC	ER/WDC			
	09 GEORGE MASON DR., #1411			-			
	FALLS CHURCH, VA 22041				0.	0.	0.
	IN AS SAEDI		PRESI	DENT		<del></del>	
	52 OLIVER ST.	[					
	TROIT. MÎ 48211				0.	0.	0.
	I SALIM		OFFIC	ER			
	O. BOX 1282						
	MPA, AZ 85280				0.	0.	0.
						ľ	
			<u></u>				
			<u> </u>				

		11503			Page
	rt VI Other Information			Yes	_
76 	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
7,7	Were any changes made in the organizing or governing documents but not reported to the IRS?		77	60000000	X
	If "Yes," attach a conformed copy of the changes.	<b>188</b>		<i>6</i> 3333	v
78 a	5 ··· · · · · · · · · · · · · · · · · ·		78a		X
b 	, , , , , , , , , , , , , , , , , , , ,	<u>  7</u>	78b	$\rightarrow$	v
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79	500000	X
	If "Yes," attach a statement;				
80 a		888			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	8	30a	*********	X
þ	If "Yes," enter the name of the organization	—— 🐰			
	and check whether it is exempt OR none	axempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	<u> </u>			
	instructions for line 81	0.			
	Did the organization file Form 1120-POL for this year?	8	31b		X
82 a	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?	8	32a	33380	X
þ	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.)				
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<u>8</u>	33a	Х	_
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<u></u> <u>8</u>	33b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	8	34a	3000	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not				
	tax døductible? N/A	: <u>  8</u>	34b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	· <u>8</u>	35a	<b></b> -∤	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	·	35b	8:502:503	00000000
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for prox	ry tax			
	owed for the prior year.				
C	Dues, assessments, and similar amounts from members N/A				
đ	Section 162(e) lobbying and political expenditures N/A	<del></del>			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	XXX			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f   N/A  Poes the organization elect to pay the section 6033(e) tax on the amount in 85f2				80000
g	2000 the organization clock to pay the operant about the amount in 2011	·····	35g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	, la		- 1	
	allocable to nondeductible lobbying and political expenditures for the following tax year?  501(cl/7) organizations. Enter: a Initiation fees and capital contributions included on line 12  86a N/A		35h		800000
86	37/7				
	and the state of t	<del></del>			
87	501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A	. 🔛			
a	Gross income from members or shareholders				
Ŋ	against amounts due or received from them.)	. 🔛			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		20620-00	******	gersesses
00	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		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
4	section 4911 ▶ <u>0 •</u> ; section 4912 ▶ <u>0 •</u> ; section 4955 ▶	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		106		Х
_	transaction during the year? If "Yes," attach a statement explaining each transaction  Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	10	39b		
Ü	sections 4912, 4955, and 4958				0.
4	Enter: Amount of tax in 89c, above, reimbursed by the organization				0.
	VANCAC			<del></del>	
			10b		
Ŋ	Number of employees employed in the pay period that includes water 12, 1995	, <u>a</u>	011		
91	The books are in care of ► MOHAMED AL HILALI Telephone no. ► 81	6~674	-43	341	
φI	Tataphiona ilo. P 22				
	Located at ► 8800 E. 107TH ST., KANSAS CITY, MO ZIP +4	4 ▶ 64	134	Ī	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here			►Ľ	
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	1	
92304 01-31-	1	- F	Form	990 (	(1999
. //11	A DE ENERGIA DE LA CONTRETA DE LA C	rur r	יצונ	4	

Part VII   Analysis of Income-Prod Enter gross amounts unless otherwise		elated business income	Exclu	ded by section 512, 513, or 514	/e)
•			(C)	(D)	(E) Related or exempt
indicated.	(A) Business	s (2) Amount	Exclu- slon	Amount	function income
93 Program service revenue:	code		code		
(a)	—— <del>                                    </del>	<del>-</del>			<del> </del>
(b)		<del></del>	<del>-</del> }	<u> </u>	<del> </del>
(c)		<del> </del>	<del> </del>		
(d)	——  — <del>—</del>				
(8)		<del></del>	→—	<u> </u>	<del> </del>
(f) Medicare/Medicald payments			→		
(g) Fees and contracts from government agenc			↓	ļ <del></del>	
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					<u> </u>
97 Net rental income or (loss) from real estate: (a) debt-financed property					
(b) not debt-financed property		<del></del> -	<del> </del>		-
98 Net rental income or (loss) from personal proper			+	·	
99 Other investment income		<del></del>	1	<del></del>	<del></del>
100 Gain or (loss) from sales of assets		<del></del>	+	<del></del>	+
· •	1				1
other than inventory		<del></del>	<del> </del>	<del></del>	<u> </u>
102 Gross profit or (loss) from sales of inventory		<del>-</del>	+	· <del>-</del>	<del> </del>
103 Other revenue:		<del>-</del>	-	•	
a		<del> </del> -		<del>-</del>	<del>-</del>
b				<del>-</del>	<del> </del>
c		<del>-</del>	+-		<del></del>
đ	<del></del>	<del></del>			
e 104 Subtotal (add columns (B), (D), and (E))		<u> </u>	•		. 0
105 TOTAL (add line 104, columns (B), (D), and (E)			•••••		·
Note: (Line 105 plus line 1d, Part I, should equ Part VIII Relationship of Activities	al the amount on lin to the Accom	e 12, Part I. plishment of Exem	pt Pur	poses	
Line No. Explain how each activity for which inco			ed import	antly to the accomplishment	of the organization's
A exempt harbases former man by brown	ing iditios for sacir par	p0300).		· <del>-</del>	
<del></del>				<u> </u>	<del></del>
		<del>-</del> .			
					<del></del>
<del></del> -	_ <del>_</del> _				<del></del>
					<del></del> -
<del></del>	<del></del>	<u>-</u> -	<del></del>		<del></del>
	<del></del>	<del>_</del>			<del></del>
	axable Subsidia	aries (Complete this Part	if the "Y	es" box on 88 is checked.)	
Part IX Information Regarding To				Total income	End-of-year
Name, address, and employer identification Perc	centage of	Nature of business activities	ľ	101	2ta22g
Name, address, and employer identification Perconumber of corporation or partnership owners	ship interest	Nature of business activities			assets
Name, address, and employer identification Perc	ship interest %	Nature of business activities			assets
Name, address, and employer identification Perconumber of corporation or partnership owners	ship interest	Nature of business activities	_		assets

Ing accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, on all information of which preparer has any knowledge. (Important: See General Instruction U.)

MOHAMED AL HILALI,

5-12-60 SECRETARY/TREASURER

#### SCHEDULE,A (Form 990)

# 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

Department of the Treasury Internal Revenue Service	Supplement MUST be completed by the above organ	ntary information dizations and attached to their	Form 990 or 990-E	z.	1000
Name of the organization	CHARITABLE SOCIETY FOR SO	OCIAL .		Employer identi	ilcation number
(Marie 1997)	WELFARE, INC. % MOHAMED			48 1150	
(1) The state of t	sation of the Five Highest Paid Emplo tions. List each one. If there are none, enter "None.")	yees Other Than Off	icers, Directo	rs, and Trus	itees
· · · · · · · · · · · · · · · · · · ·	nd 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				_	
10111		1		}	
•		-			
				-	
	·	-			
	<del></del>			<del> </del>	
	·	_			
				_	
		]			
Total number of other emp	oloyees paid	0			
Part II Compen	sation of the Five Highest Paid Indepe ions. List each one (whether individuals or firms). If there		or Profession	al Services	
(a) Name	and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
	·				
	·	-		. –	
<b>-</b>				[	
					1
Total number of others rec	eiving over	<u> </u>			
\$50,000 for professional s	and the second s	0 000 and Form 000 F7		Cabadul-	A (Earm 000) 1000

Schedule A (Form 990) 1999 WELFARE, INC. % MOHAMED AL HILALI 48-	<u>1150353</u>	P	age <b>2</b>
Part III Statements About Activities		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public			Χ.
opinion on a legislative matter or referendum?	1		
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	— <b>—</b> [		
organizations that made an election under section 50 (in) by filling Form 5766 mast complete Part VI-A. Other			
the lobbying activities.			
2 During the year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,			
officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is			
affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a Sale, exchange, or leasing of property?	2a		Х
b Lending of money or other extension of credit?	2b		Х
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		х
e Transfer of any part of its income or assets?	2e		<u>X</u>
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X	
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? 4 a Do you have a section 403(b) annuity plan for your employees?		^	<u>X</u>
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in	4a		
furtherance of its charitable programs qualify to receive payments. (See instructions.)			
Part IV Reason for Non-Private Foundation Status (See instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)			
A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iil).			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	all.		
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state	ity,		
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1	)(A)(iv).		
(Also complete the Support Schedule in Part IV-A.)			
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross	_		
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% o			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu	ired		
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	s described in:		
(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)	)(3).)		
Provide the following information about the supported organizations. (See page 4 of the instructions.)			
(a) Name(s) of supported organization(s)	(b) Lin	e numt om abo	er ve
	-	400	
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)			
·	Schedule A (For	m 990	1999

		LFARE, INC.					150353 Page 8
Pa	rt IV-A Support Schedule ( Note: You may use to	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	), 11, or 12 above.) <b>Us</b> g from the accrual to th	e cash method he cash method	of acc	ounting. ounting.
Cale begi	ndar year (or tiscal year nnlag in)	(a) 1998	(b) 1997	(c)_1996	(d) 1995		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See	17,790.	45,314.	95,571.	95,0	46.	253,721.
16	Membership fees received	11,1300	10,011.	33,57		100	200/1211
17	Gross receipts from admissions,						-
	merchandise sold or services					1	
	performed, or furnishing of facilities in any activity that is not a business						
	unrelated to the organization's					ļ	
	charitable, etc., purpose					$\longrightarrow$	
18	Gross income from Interest, dividends, amounts received from					Ì	
	payments on securities loans (sec-	}					
	tion 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	3					
	activities not included in line 18				·		
20	Tax revenues levied for the organization's benefit and either pald to it or expended						
21	on its behalf			<del></del> -		-+	<del></del> .
21	furnished to the organization by a						
	governmental unit without charge.						
	Do not include the value of services or facilities generally furnished to						
	the public without charge					$\longrightarrow$	· · · · · · · · · · · · · · · · · · ·
22	Other Income, Attach a schedule, Do not include gain or (loss) from sale of capital	ŀ				ļ	
23	Total of lines 15 through 22	17,790.	45,314.	95,571.	95,0	46	253,721.
24	Line 23 minus line 17		45,314.	95,571.			253,721.
25	Enter 1% of line 23	178.	453.	956.		50.	
26	Organizations described in lines 10	or 11: a Enter 2% of	amount in column (e), lin	e 24	<b>&gt;</b>	26a	5,074.
b					•		
	governmental unit or publicly suppo						^
	in line 26a. Enter the sum of all these	e excess amounts				26b	0.
c	Total support for section 509(a)(1) t	test: Enter line 24 column	(e)		•	26c	253,721.
	Add: Amounts from column (a) for l	ines: 18	19			koosas la	
	• • • • • • • • • • • • • • • • • • • •	22		b	<u> </u>	26d	
8	Public support (line 26c minus line 2	26d total)			<b>&gt;</b> '	268	253,721.
	Public support percentage (line 26						100.0000%
27	Organizations described on line 12 of, and total amounts received in each						ich a list to snow the name
	(1998)						
b	For any amount included in line 17 t						
	that was more than the larger of (1)						
	individuals.) After computing the diff		nt received and the larger	r amount decribed in (1) o	or (2), enter the su	m of the	se differences (the
	excess amounts) for each year: N (1998)			(1006)		/400E\	
						(1990)	,,-,
C	Add: Amounts from column (e) for li 17 Add: Line 27a total	ines: 15		16			_
	17	20		21		270	N/A
đ	Add: Line 27a total	and I	ine 27b total	····· <u> </u>		27d	N/A N/A
8	Public support (line 27c, total minus Total support for section 509(a)(2) t	est: Enter amount on Page	29 ookuma (a)	D   971   T		27θ	
9	Public support percentage (lin					27g	N/A %
-	Investment income percentage	•				27h	N/A %
28 L	Inusual Grants: For an organization	described in line 10. 11.	or 12, that received any u	inusual grants during 199	15 through 1998.	nttach a l	list (which is not onen to
p ti	ublic inspection) for each year showing the struction in the second struction in the second second in the second s	ng the name of the contrib ns.)	utor, the date and amoun	t of the grant, and a brief. NON1	•	nature c	of the grant. Do not include

		<u>8-1150353</u>	<u> </u>	Page 4
Pa	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	Ν́/	/ A	
	To be completed often by solicols that offended the box of this office the		l	
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?		Yes	No
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 a	Does the organization maintain the following:  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?	1		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320		
đ	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.)	32d		
33 a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?			
6 d	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	33c		
f g h	Use of facilities? Athletic programs? Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a b	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?			333333
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-5	0.		

1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation ...... Schedule A (Form 990) 1999

Schedule A (Form 990) 1999		NC. % MOHAMED		48	<u>-115</u> 0353 Pag
	ig Expenditures by E plated ONLY by an eligible org			• 	N/A
	organization belongs to an ai				
Check hare = B ii yo	Limits on Lobbying		-	(a) Affiliated group totals	(b) To be completed for ALE
(Th	term "expenditures" means a	mounts paid or incurred)			electing organizations
og Talallakkija ana rika		/	_	N/A	·
	res to influence public opinion res to influence a legislative bo				<del> </del> -
	es (add lines 36 and 37)	• • • • • • • • • • • • • • • • • • • •			<del>                                     </del>
	penditures				
·	penditures (add lines 38 and 3	•	40		
	ount. Enter the amount from th				
If the amount on line 40	20% of the	/ing nontaxable amount is -			
	,000,000 \$100,000 p		[ [00000000].		
Over \$1,000,000 but not over	\$1,500,000 \$175,000 p	lus 10% of the excess over \$1,000,	000 } 41		
	\$17,000,000 \$225,000 p		kexecests		
	\$1,000,000				
	nount (enter 25% of line 41) 36. Enter -0- if line 42 is more			- <del></del>	
	38. Enter -0- if line 41 is more			- · -	
Caution: If there is an	amount on either <u>l</u> ine 43 or	line 44, you must file Form	n 4720.		
Calendar year (or	(a)	(b)	(c)	(d)	N/A (e)
fiscal year beginning in)	1999	1998	1997	1996	Total
15 Lobbying nontaxable amount					0
16 Lobbying ceiling amount					
(150% of line 45(e))					0
7 Total lobbying					0
expenditures				·	_
amount					0
9 Grassroots ceiling amoun	t				
(150% of line 48(e))					0
O Grassroots lobbying expenditures					o
	g Activity by Nonele	cting Public Charitie	es		
	ig only by organizations that d	<del></del>		<del></del>	N/A
	zation attempt to influence nat		ı, including any attempt	to Yes No	Amount
	egislative matter or referendur	.,		<del>   </del>	
b Paid staff or management	(include compensation in exp	enses reported on lines c thro	ough h)		
c Media advertisements					<u> </u>
	slators, or the public				
	l or broadcast statements ons for lobbying purposes				<del> </del>
	tors, their staffs, government (				
h Rallies, demonstrations, s	eminars, conventions, speech	es, lectures, or any other mea	ns		
	es (add lines c through h) e, also attach a statement givi				0
· · · · · · · · · · · · · · · · · · ·	o' aran arrani a araffilifiit Öldi	na a náranan nascultrióit ot (lle	a rounying activities.	<del></del>	Schedule A (Form 990) 19
023141 2-14-99		13			. ,
70510 781489	1281	1999.05200 CF	HARITABLE S	SOCIETY FOR S	SOCI 12811

Schedu	le A (Form 990) 1999 W	ELFARE, INC. % N	MOHAMED AL HI	ILALI 4	18-115035	3 .	Page 6	
Parl	VII Information Reg Exempt Organia	garding Transfers To and zations	d Transactions and	d Relationships With N	oncharitable			
•		irectly or indirectly engage in any of			1			
	• • •	section 501(c)(3) organizations) or i		olitical organizations?		Yes	No	
a	a Transfers from the reporting organization to a noncharitable exempt organization of: (I) Cash			51a(		X		
						<del>-</del>	X	
	Other transactions:	······································				1		
(I) Sales of assets to a noncharitable exempt organization							Х	
(II) Purchases of assets from a noncharitable exempt organization (III) Rental of facilities or equipment							Х	
							X	
(Iv) Reimbursement arrangaments (v) Loans or loan guarantees							X	
(v) Loans or toan guarantees (vi) Performance of services or membership or fundraising solicitations							X	
							X	
		e is "Yes," complete the following sci			· · · · · · · · · · · · · · · · · · ·			
(	joods, other assets, or services	given by the reporting organization nent, show in column (d) the value o	. If the organization received	l less than fair market value in any		n/a		
(a)	(b)	(c)			d)			
Line no	. Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transaction	ctions, and sharing	sharing arrangements		
				<u> </u>				
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			<del></del> -					
			<del></del>					
-			<del></del>					
	-		<del></del>					
			<del></del> -					
							_	
C	code (other than section 501(c) "Yes," complete the following s	-			Yes	X	] No	
(a) Name of organization			(b) Type of organization	Description (	c) of relationship			
	**							
		=						
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#### CHARITABLE SOCIETY FOR SOCIAL WELFARE, I

48-1150353

FORM 990	STATEMENT OF	ORGANIZATION'	S PRIMARY	EXEMPT	PURPOSE	STATEMENT	1
•		PART	III				

#### EXPLANATION

TO PROVIDE HUMANITRIAN ASSISTANCE (RELIEF, BASIC EDUCATION, YOUTH CARE, ETC. FOR THE NEEDY, ORPHANES, AND YOUTH IN YEMEN AND IN THE YEMENI COMMUNITIES IN THE USA.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	2
DESCRIPTION		AMOUNT	
EDUCATION ORPHANED PROGRAM SERVICES TO FOOD, SHELTER AND C MEDICAL, DENTAL AND	10,415. 19,250. 5,462. 10,700. 5,611.		
TOTAL TO FORM 990,	PART II, LINE 23	51,43	38.