

Return of Organization Exempt from Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning May 1, 2000, and ending Apr 30, 20 01

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

C Name of organization: BENEVOLENCE INTERNATIONAL FOUNDATION
Number & street (or P.O. box if mail is not delivered to street addr) Room/suite: 9838 S. ROBERTS ROAD 1-W
City, Town or Country State ZIP code: PALOS HILLS IL 60465

D Employer identification number: 36-3823186
E Telephone number: (708) 233-0062
F Check if application pending

G Organization type (check only one) [X] 501(c) 3 (insert no.) [] 527 or [] 4947(a)(1)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: [] Cash [X] Accrual [] Other (specify)
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.
H (a) Is this a group return for affiliates? [] Yes [X] No
H (b) If "yes," enter number of affiliates
H (c) Are all affiliates included? [] Yes [X] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [X]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

NOV 27 2001 RECEIVED INTERNAL REVENUE SERVICE OCT 29 2001 Kansas City, MO 64999 No. 878

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.

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 \$ _____) non-cash \$ _____)	22				
23	Specific assistance to individuals (attach sch)	23				
24	Benefits paid to or for members (attach sch)	24				
25	Compensation of officers, directors, etc	25	38,275.	38,275.		
26	Other salaries and wages	26	164,758.	49,507.	69,312.	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	15,421.	3,857.	5,396.	
30	Professional fundraising fees	30				
31	Accounting fees	31	4,000.	4,000.		
32	Legal fees	32	7,080.	7,080.		
33	Supplies	33	43,502.	40,307.	3,195.	
34	Telephone	34	31,722.	18,784.	2,550.	
35	Postage and shipping	35	25,298.	13,346.	11,952.	
36	Occupancy	36	17,153.	17,153.		
37	Equipment rental and maintenance	37	5,000.	5,000.		
38	Printing and publications	38	152,177.	91,306.	60,871.	
39	Travel	39	33,072.	4,000.	25,723.	
40	Conferences, conventions, and meetings	40	13,949.		13,949.	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	6,869.	6,869.		
43	Other expenses (itemize):					
	a PROGRAM AWARENESS	43a	59,261.		59,261.	
	b REPAIRS & MAINTENANCE	43b	3,524.	3,524.		
	c SECURITY	43c	463.	463.		
	d UTILITIES	43d	4,337.	4,337.		
	e See Other Expenses Stmt	43e	2,739,596.	2,732,209.	7,387.	
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,365,457.	2,899,663.	213,585.	252,209.

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 \$ 152,177. ; (ii) the amount allocated to program services \$ 91,306. ; (iii) the amount allocated to management and general \$ _____ ; and (iv) the amount allocated to fundraising \$ 60,871.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? HUMANITARIAN SERVICES	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHED STATEMENT OF PROGRAM ACCOMPLISHMENTS	2899663
(Grants and allocations \$ _____)	
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services _____ (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services) _____	

Part IV Balance Sheets (See instructions)

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	1,296,119.	45	1,414,674.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach schedule) ..	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	136,645.	54	40,408.
	55 a Investments – land, buildings, & equipment: basis	55 a 47,412.		
	b Less: accumulated depreciation (attach schedule) L-55 Stmt	55 b 29,331.	7,823.	55 c 18,081.
56 Investments – other (attach schedule) ..		56		
57 a Land, buildings, and equipment: basis	57 a 243,007.			
b Less: accumulated depreciation (attach schedule)	57 b 1,889.		57 c 241,118.	
58 Other assets (describe ▶ See Line 58 Stmt ..)	800.	58	800.	
59 Total assets (add lines 45 through 58) (must equal line 74) ..	1,441,387.	59	1,715,081.	
LIABILITIES	60 Accounts payable and accrued expenses	3,336.	60	8,351.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) ..		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ ..)		65	
66 Total liabilities (add lines 60 through 65)	3,336.	66	8,351.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	254,890.	67	547,419.
	68 Temporarily restricted	1,183,161.	68	1,159,311.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) ..	1,438,051.	73	1,706,730.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,441,387.	74	1,715,081.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	3,634,136.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	3,634,136.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,634,136.

a	Total expenses and losses per audited financial statements	a	3,365,457.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	3,365,457.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,365,457.

Part V List of Officers, Directors, Trustees, and Key Employees (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 -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JAMAL NYRABEH PANAMA, FL.	PRES AS REQ	0.	0.	0.
E ARNAOUT HICKORY HILLS IL 6045	VP - 40 HRS	21,400.	0.	0.
MUZAFFAR KHAN MISSISSAUGA, ON	SEC -40 HRS	16,875.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See specific instructions.)

N/A Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f? h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) organizations Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources 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, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 91 The books are in care of HALIL I. DEMIR Telephone number (708) 233-0062 Located at 9838 S ROBERTS RD., PALOS HILLS, IL ZIP code 60465 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to b, file Form 8870 and Form 4720 (see instructions).

Including accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge. (See instructions.)

10/23/01 Date **Enam Arnaout** Type or Print Name and Title **CEO**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

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

Name of the Organization BENEVOLENCE INTERNATIONAL FOUNDATION	Employer Identification Number 36-3823186
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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
NONE		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? ... If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ... ▶ \$		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		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.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? ...		X
4a Do you have a section 403(b) annuity plan for your employees? ...		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

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):

- 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 5.)
- 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)(ii). Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
NONE	0

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

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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,283,364.	1,454,278.	2,308,482.	1,639,285.	8,685,409.
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			99.	147.	246.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,283,364.	1,454,278.	2,308,581.	1,639,432.	8,685,655.
24 Line 23 minus line 17	3,283,364.	1,454,278.	2,308,581.	1,639,432.	8,685,655.
25 Enter 1% of line 23	32,834.	14,543.	23,086.	16,394.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year: (1999) _____ (1998) _____ 0. (1997) _____ 0. (1996) _____ 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ 0. (1997) _____ 0. (1996) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 8,685,409. 16 _____ 17 _____ 20 _____ 21 _____					27c 8,685,409.
d Add: Line 27a total . . . _____ 0. and line 27b total . . . _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 8,685,409.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 8,685,655.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

Part V Private School Questionnaire (See instructions.)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

<p>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?</p>	<p>29</p>		
<p>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?</p>	<p>30</p>		
<p>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?</p> <p>If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p>	<p>31</p>		
<p>32 Does the organization maintain the following:</p>			
<p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p>32 a</p>		
<p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p>32 b</p>		
<p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p>32 c</p>		
<p>d Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p>32 d</p>		
<p>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p>			
<p>33 Does the organization discriminate by race in any way with respect to: :</p>			
<p>a Students' rights or privileges?</p>	<p>33 a</p>		
<p>b Admissions policies?</p>	<p>33 b</p>		
<p>c Employment of faculty or administrative staff?</p>	<p>33 c</p>		
<p>d Scholarships or other financial assistance?</p>	<p>33 d</p>		
<p>e Educational policies?</p>	<p>33 e</p>		
<p>f Use of facilities?</p>	<p>33 f</p>		
<p>g Athletic programs?</p>	<p>33 g</p>		
<p>h Other extracurricular activities?</p>	<p>33 h</p>		
<p>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p>			
<p>34 a Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p>34 a</p>		
<p>b Has the organization's right to such aid ever been revoked or suspended?</p>	<p>34 b</p>		
<p>If you answered 'Yes' to either 34a or b, please explain using an attached statement.</p>			
<p>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.</p>	<p>35</p>		

Part VI-A Lobbying Expenditures by Electing 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.
 Check here **b** if you checked 'a' above and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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

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

Benevoplence International Foundation

Donations Over \$5,000.00
From May 01, 2000 to April 30, 2001

First Name	Last Name	Address	City	State	Zip	Sum Of Amount
						\$224,910.00
						\$170,000.00
						\$100,000.00
						\$79,964.00
						\$48,317.20
						\$44,982.00
						\$44,982.00
						\$26,035.00
						\$25,000.00
						\$20,440.00
						\$20,000.00
						\$17,368.00
						\$15,500.00
						\$15,015.00
						\$15,000.00
						\$13,279.29
						\$13,200.00
						\$11,180.00
						\$10,685.00
						\$10,500.00
						\$10,500.00
						\$10,088.00
						\$10,000.00
						\$10,000.00
						\$10,000.00
						\$10,000.00
						\$10,000.00
						\$10,000.00
						\$9,700.00
						\$9,500.00
						\$9,400.00

\$8,000.00
\$7,830.00
\$7,800.00
\$7,584.83
\$7,300.00
\$7,024.00
\$7,000.00
\$6,750.00
\$6,660.00
\$6,629.58
\$6,600.00
\$6,000.00
\$6,000.00
\$5,918.00
\$5,888.00
\$5,810.00
<u>\$1,170,854.90</u>

Depreciation and Amortization
(Including Information on Listed Property)

2000
67

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach this form to your return.

Name(s) Shown on Return BENEVOLENCE INTERNATIONAL FOUNDATION	Business or Activity to Which This Form Relates Form 990, page 2	Identifying Number 36-3823186
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Part I Election to Expense Certain Tangible Property (Section 179)

Note: If you have any 'listed property,' complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$20,000.
2 Total cost of Section 179 property placed in service. See instructions	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999. See instructions	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property.)

Section A – General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property		15,238.	7.0 yrs	HY	200DB	2,177.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property	06/00	84,212.	39 yrs	MM	S/L	1,889.

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	2,803.
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See instructions)

20 Listed property. Enter amount from line 26	20	0.
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	21	6,869.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Form 990, Page 3, Part IV, Lines 55a & 55b

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
MACHINES & EQUIPMENT	39,812.	21,731.	18,081.
AUTOMOBILE	7,600.	7,600.	0.
Total	<u>47,412.</u>	<u>29,331.</u>	<u>18,081.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSIT	800.	800.
RECEIVABLE FROM EMPLOYEES		
A/C RECEIVABLE - OTHERS		
SECURITY DEPOST		
Total	<u>800.</u>	<u>800.</u>

FORM 990

PART – III PAGE #2**STATEMENT OF PROGRAM ACCOMPLISHMENTS:****PRIMARY EXEMPT PURPOSE:**

The Foundation has been organized to provide assistance to the needy peoples throughout the world, irrespective of their color, race, gender and nationality. The main goal of program includes:

- a) Relief supplies, e.g. distribution of food, clothing, medicine etc.
- b) Sponsorship and funding of:
 - Orphanages and orphans
 - Schools
 - Hospitals
 - Vocational training centers
 -
- c) Publication of educational material

PROGRAM ACCOMPLISHMENTS:

The Foundation was actively involved in different parts of the world in carrying out its' mission. In absence of their own offices in these areas, the Foundation carried out it's program through other non-profit organizations. These organizations are completely independent of each other. The Foundation exercise no control e.g. economic interest or administrative control through voting stocks. The Foundation and overseas organizations are associated with each other by their mission and objective. All overseas organizations are approved and registered as non-profit with local government and authorities.

The Foundation monitor closely the activities of these affiliated organizations. They provide accounting, and detailed statement of activities and accomplishments to the Foundation. The field representatives of the Foundation oversee these programs. The Foundation carried relief activities in following parts of the world

- Azerbaijan
- Bosnia
- Russia/Chechnya/Ingushtia
- Canada
- China
- Daghestan
- Georgia
- Pakistan/Afghanistan
- Tajikistan
- U.S.A.

FORM 990

PART – III PAGE #2
STATEMENT OF PROGRAM ACCOMPLISHMENTS:

The relief activities consist of:

- ***Distribution of Food:*** The cost of this program was \$176,298. A total of 64,300 individual benefited under this program.
- ***Sponsorship of Orphans and Support of Orphanages:*** The cost of this program was \$520,794. A total of 1,744 orphans benefited under this program.
- ***Medical Program:*** The foundation provided assistance to charitable hospitals and clinics. 20,738 individual received free treatment under this program. The total cost of the program was \$178,715.
- ***Relief Supplies, Economic Assistance/Vocational Training Program:*** This program included distribution of relief supplies in refugee camps, vocational training.. A total of 592,738 individuals benefited under this program at a cost of \$1,280,015.
- ***Educational Program:*** The foundation sponsored educational program included sponsorship of educational centers.. The total cost of the program was \$225,777.
- ***Direct Grants to other charitable organization:*** A total of \$36,460 was disbursed under this program.
- ***Program delivery cost:*** The administrative cost of delivering the program services overseas was \$168,718

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization BENEVOLENCE INTERNATIONAL FOUNDATION	Employer Identification Number 36-3823186
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions 9838 S. ROBERTS ROAD #1-W	
	City, Town or Post Office. For a foreign address, see instructions. PALOS HILLS	
	State	ZIP Code IL 60465

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

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

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Dec 17, 20 01, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning May 1, 20 00, and ending Apr 30, 20 01.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, 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 ▶ Title ▶ CPA, CAF 4005-5180R Date ▶ 09/15/01

BAA For Paperwork Reduction Act Notice, see instructions.