

Form **990****Return of Organization Exempt From Income Tax****1991**Department of the Treasury
Internal Revenue Service

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

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

This Form is Open
to Public InspectionA For the calendar year 1991, or fiscal year beginning **11/4**, 1991, and ending **9/30**, 1992

Please use IRS label or print or type. See Specific Instructions.	B Name of organization ASSYRIAN AID SOCIETY OF AMERICA, INC		C Employer identification number (see instruction S2) 94-3147517
	Number and street (or P.O. box no. if mail is not delivered to street address)	Room/suite	D State registration number (see instruction E) 84076
	41 SUTTER STREET	1534	
	City, town, or post office, state, and ZIP code SAN FRANCISCO, CA 94104		E If application for exemption is pending, check here <input checked="" type="checkbox"/>

F Check type of organization - Exempt under section ☒ 501(c) (**3**) (insert number), OR ☐ section 4947(a)(1) charitable trust (see instruction C7 and question 92.)G Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) **▶**H Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ NoI If either answer in H is "Yes," enter four-digit group exemption number (GEN) **▶**

If "Yes," enter the number of affiliates for which this return is filed

Is this a separate return filed by a group affiliate? ☐ Yes ☒ NoJ If address changed, check box ☐ **▶**K Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data. **Some states require a completed return.**

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	101,372.	
	b Indirect public support	1b		
	c Government grants	1c		
	d Total (add lines 1a through 1c) (attach schedule)	1d	101,372.	
	2 Program service revenue (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss)	6c			
7 Other investment income (describe ▶)	7			
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
		8a		
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, column (A) and column (B))	8d		
	9 Special fundraising events and activities (attach schedule):			
	a Gross revenue (not including \$ 19,194. of contributions reported on line 1a)	9a	14,134.	
	b Less: direct expenses	9b	14,134.	
	c Net income	9c	SEE SCHEDULE 1	
	10 a Gross sales less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) (attach schedule)	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	101,372.		
Expenses	13 Program services (from line 44, column (B))	13	94,568.	
	14 Management and general (from line 44, column (C))	14	1,006.	
	15 Fundraising (from line 44, column (D))	15	1,231.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	96,805.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	4,567.	
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	0.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,567.	

H761 For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)				
	23 Specific assistance to individuals	88,170.	88,170.	SEE SCHEDULE 2	
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.	0.	0.	0.	0.
	26 Other salaries and wages				
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes				
	30 Professional fundraising fees				
	31 Accounting fees	750.		750.	
	32 Legal fees				
	33 Supplies				
	34 Telephone	1,590.	1,590.		
	35 Postage and shipping				
	36 Occupancy				
	37 Equipment rental and maintenance				
	38 Printing and publications	539.			539.
	39 Travel				
	40 Conferences, conventions, and meetings	4,808.	4,808.		
	41 Interest				
	42 Depreciation, depletion, etc. (att. sch.)				
	43 Other expenses (itemize):				
	a BANK CHARGES	256.	0.	256.	0.
	b RETURNED CHECKS	692.	0.	0.	692.
	c				
	d				
	e				
	f				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.		96,805.	94,568.	1,006.	1,231.

Part III Statement of Program Service Accomplishments

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)**a RAISED CONTRIBUTIONS AND CONTRIBUTED FUNDS TO ASSYRIAN REFUGEES IN REFUGEE CAMPS ALONG THE BORDERS OF IRAQ**

(Grants and allocations \$)

94,568.

b

(Grants and allocations \$)

c

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule) (Grants and allocations \$)

f Total (add lines a through e) (should equal line 44, column (B))

94,568.

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 - noninterest-bearing		45
46	Savings and temporary cash investments		46
47 a	Accounts receivable	47a	
b	Less: allowance for doubtful accounts	47b	47c
48 a	Pledges receivable	48a	
b	Less: allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50
51 a	Other notes and loans receivable	51a	
b	Less: allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments - securities (attach schedule)		54
55 a	Investments - land, buildings, and equipment: basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments - other (attach schedule)		56
57 a	Land, buildings, and equipment: basis	57a	
b	Less: accumulated depreciation	57b	57c
58	Other assets (describe ►)		58
59	Total assets (add lines 45 through 58) (must equal line 75)	0 . 59	4,567 .
Liabilities			
60	Accounts payable and accrued expenses		60
61	Grants payable		61
62	Support and revenue designated for future periods (attach schedule)		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64	Mortgages and other notes payable (attach schedule)		64
65	Other liabilities (describe ►)		65
66	Total liabilities (add lines 60 through 65)	0 . 66	0 .
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.			
67 a	Current unrestricted fund		67a
b	Current restricted fund		67b
68	Land, buildings, and equipment fund		68
69	Endowment fund		69
70	Other funds (describe ►)		70
Organizations that do not use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 71 through 75.			
71	Capital stock or trust principal	0 . 71	0 .
72	Paid-in or capital surplus	0 . 72	0 .
73	Retained earnings or accumulated income	0 . 73	4,567 .
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)	0 . 74	4,567 .
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	0 . 75	4,567 .

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 your return is complete and accurate and fully describes your organization's programs and accomplishments.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
YOUEL A BAABA, 50 DIAS CT, EL SOBRANTE, CA	PRESIDENT	8	0.	0. 0.
LINCOLN MALIK, 41 SUTTER ST #1534, SAN FRAN	VICE-PRES	8	0.	0. 0.
ARBIL BET SHLIEMOUN, 41 SUTTER, SAN FRAN	SECRETARY	2	0.	0. 0.
ANNETTE MICHAEL, 41 SUTTER, SAN FRAN	TREASURER	1	0.	0. 0.

Part VI Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? N/A	78b	
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement as described in the instructions.	79	X
80 a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a Enter amount of political expenditures, direct or indirect, as described in the instructions 81a 0.	81a	
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, this year?	81b	X
82 a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. 82b N/A	82b	
83 a Did anyone request to see either your annual return or exemption application (or both)?	83a	X
b If "Yes," did you comply as described in the instructions? (See General Instruction L.) N/A	83b	
84 a Did you solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.) N/A	84b	
85 a Section 501(c)(5) or (6) organizations. - Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (see instructions and Regulations section 1.162-20(c)) N/A	85a	
b If "Yes," enter the total amount spent for this purpose 85b N/A	85b	
86 Section 501(c)(7) organizations. - Enter:		
a Initiation fees and capital contributions included on line 12 86a N/A	86a	
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? N/A	86c	
87 Section 501(c)(12) organizations. - Enter amount of:		
a Gross income received from members or shareholders 87a N/A	87a	
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	
88 Public interest law firms. - Attach information described in the instructions.		
89 List the states with which a copy of this return is filed CALIFORNIA		
90 During the tax year did you maintain any part of your accounting/tax records on a computerized system?	90	X
91 The books are in care of YOUEL A. BABA Telephone no. Located at 50 DIAS COURT, EL SOBRANTE, CA		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A	92	

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Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- (a) _____
 (b) _____
 (c) _____
 (d) _____
 (e) _____
 (f) _____

(g) Fees from government agencies _____

94 Membership dues and assessments _____

95 Interest on savings and temporary cash investments _____

96 Dividends and interest from securities _____

97 Net rental income or (loss) from real estate:

(a) debt-financed property _____

(b) not debt-financed property _____

98 Net rental income or (loss) from personal property _____

99 Other investment income _____

100 Gain or (loss) from sales of assets other than inventory _____

101 Net income from special fundraising events _____

102 Gross profit or (loss) from sales of inventory _____

103 Other revenue:

- (a) _____
 (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

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

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

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A				

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Paid

Preparer's signature

Date

Check if self-employed ☐

Preparer's Use Only

Firm's name (or yours if self-employed) and address

DONALD J LAZAR, ACCNTNCY CORP
155 BOVET ROAD, SUITE 405
SAN MATEO, CA

ZIP code

94402

123041
12-07-91

**SCHEDULE A
(Form 990)**Department of the Treasury
Internal Revenue Service**Organization Exempt Under 501(c)(3)**

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust

Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1991

Name

ASSYRIAN AID SOCIETY OF AMERICA, INC

Employer identification number

94-3147517**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$30,000 ▶		0		

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

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$30,000 for professional services ▶		0

Part III Statement About Activities

	Yes	No
1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND either complete Part VI-B or attach a classified schedule of the expenses paid or incurred.	1	X
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any other taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2a 2b 2c 2d 2e	X X X X X
3 Do you make grants for scholarships, fellowships, student loans, etc.?	3	X
4 Attach a statement explaining how you determine that individuals or organizations receiving grants or loans from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

H761 For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990EZ).

Schedule A (Form 990) 1991

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)The organization is not a private foundation because it is (please check only **ONE** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 ☒ An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

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

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

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

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

Calendar year (or fiscal year beginning in) ►	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1987 through 1990 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ►					0.

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)**27** Organizations described in box 12, page 2:

- a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:
- | | | | | | | | |
|--------|----|--------|----|--------|----|--------|----|
| (1990) | 0. | (1989) | 0. | (1988) | 0. | (1987) | 0. |
|--------|----|--------|----|--------|----|--------|----|
- b Attach a list showing, for 1987 through 1990, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:
- | | | | | | | | |
|--------|----|--------|----|--------|----|--------|----|
| (1990) | 0. | (1989) | 0. | (1988) | 0. | (1987) | 0. |
|--------|----|--------|----|--------|----|--------|----|

- 28** For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1987 through 1990, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)
- NONE**

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV)

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

Schedule A (Form 990) 1991

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Part VI-A Lobbying Expenditures by Electing Public Charities(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** and "limited control" provisions apply.

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total (grassroots) lobbying expenses to influence public opinion	36		0.
37 Total lobbying expenses to influence a legislative body	37		0.
38 Total lobbying expenses (add lines 36 and 37)	38		0.
39 Other exempt purpose expenses (see Part VI instructions)	39		0.
40 Total exempt purpose expenses (add lines 38 and 39)	40		0.
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40	41	0.
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		
Over \$1,500,000	\$225,000 plus 5% of the excess over \$1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41) (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)	42		0.
43 Excess of lines 36 over line 42	43		0.
44 Excess of line 38 over line 41	44		0.

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				N/A
	(a) 1991	(b) 1990	(c) 1989	(d) 1988	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenses					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenses					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For optional reporting by organizations that did not complete Part VI-A.)

N/A

During the year, did you attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenses (add lines c through h)			0.

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

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
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a Transfers from the reporting organization to a noncharitable organization of:

(i) Cash

51a(i)	X
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(ii) Other assets

a(ii)		X
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b Other Transactions:

(i) Sales of assets to a noncharitable exempt organization

b(i)	X
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(ii) Purchases of assets from a noncharitable exempt organization

b(ii)		X
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(iii) Rental of facilities or equipment

b(iii)		X
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(iv) Reimbursement arrangements

b(iv)		X
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(v) Loans or loan guarantees

b(v)		X
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(vi) Performance of services or membership or fundraising solicitations

b(vi)		X
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c Sharing of facilities, equipment, mailing lists or other assets, or paid employees

C		X
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d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, indicate in column (d) the value of the goods, other assets, or services received. **N/A**

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes

☐ Yes ☒ No

b If "Yes," complete the following schedule.

N/A

[illegible]