orm	99	0		f the Internal Revenue Cod	le (except	black lung benefit tru		омв №. 1545-0047 <b>1992</b>
		the Treasury ue Service	private f Note: The organization may h	oundation) or section 494	7(a)(1) cha	aritable trust	rements	This Form is Oper to Public Inspection
-			1992, or fiscal year beginning	10/1		2, and ending		30 , 19 93
	ease	B Name of o						dentification number
	e IRS							
	oel or int or	ASSYRI	AN AID SOCIETY O	F AMERICA, IN	C		94-31	47517
ty	pe. See	Number a	nd street (or P.O. box no. if mail is	not delivered to street addre	ess)	Room/suite	D State regi	stration number
	ecific struc-	41 SUT	TER STREET			1534	84076	5
	ons.	City, town	n, or post office, state, and ZIP code	e		-		
		SAN FR	ANCISCO, CA 941	04			E If address cha	anged, check box 🕨 🗌
Ch	neck typ	e of organiza	ation - Exempt under section 🕨 🗌	X 501(c) ( 3 ) (insert i	number),			
	-		47(a)(1) chartitable trust			G If exemption applicat	ion pending, ch	eck box 🕨 🗌
l(a)	Is this	a group return	n filed for affiliates?	Yes X	No	I If either box in H is c	hecked "Yes,"	enter four-digit grou
(b)	If "Yes,"	enter the numbe	er of affiliates for which this return is filed	£ ►		exemption number		s <sup>1</sup>
						J Accounting method:	X Cash	Accrual
		and the second se	filed by an organization covered by a grou			Other (specify)		
			the organization's gross receipts are					h the IRS; but
			0 Package in the mail, it should file				at a standard	
			e used by organizations with gross r					
Pa	it L	Statemen	nt of Revenue, Expenses	s, and Changes in N	et Ass	ets or Fund Bala	nces	
	1	Contributions	s, gifts, grants, and similar amounts	received:				
	а	Direct public	support		1a	110,57	/5.	
	ь	Indirect publi						
	c	Government g	grants		10			
	d	Total (add lin	nes 1a through 1c) (attach schedule)				1d	110,57
	2	Program serv	vice revenue (from Part VII, line 93)				2	
	3						3	11,23
1	4		avings and temporary cash investme					
	5	Dividends and	d interest from securities				5	
					6a			
		Less: rental e			6b			
	c	Net rental inc	come or (loss)				6c	
nue	7		ment income (describe 🕨				) 7	
Reven	8 a		t from sale of assets other	(A) Securities		(B) Other		
۳,		than inventor	у		8a			
	b	Less: cost or	other basis and sales expenses		8b			
			(attach schedule)		80			
			oss) (combine line 8c, columns (A) a				8d	
	9		raising events and activities (attach					
	a		ie (not including \$ 51					
		reported on li	ine 1a)		9a			
			expenses			71,67		
						STATEMENT ]	9c	5,03
	10 a	Gross sales le	ess returns and allowances		10a			
	b	Less: cost of	goods sold		10b			
	c	Gross profit (	or (loss) (attach schedule)				10c	
	11	Other revenue	e (from Part VII, line 103)				11	
_	12	Total revenu	ue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c	d, 9c, 10c, and 11)			12	126,84
5	13	Program serv	vices (from line 44, column (B))				13	62,23
nse	14	Management	and general (from line 44, column (	C))			14	1,73
Expenses	15	Fundraising (1	from line 44, column (D))				15	9,64
ш	16	Payments to a	affiliates (attach schedule)				16	
_	17	Total expension	ses (add lines 16 and 44, column (A				17	73,61
s	18	Excess or (de	eficit) for the year (subtract line 17	from line 12)			18	53,23
Isset	19	Net assets or	r fund balances at beginning of year	(from line 74, column (A))			19	4,56
	20	Other change	s in net assets or fund balances (att	tach explanation)	SEE	STATEMENT 2	2 20	15,04
As	21		fund balances at end of year (comb					72,84

394

				charitable trusts but option		
	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
2	Grants and allocations (attach schedule)	22				
3	Specific assistance to individuals	23	58,100.	58,100	STATEMENT 3	
4	Benefits paid to or for members	24				
	Compensation of officers, directors, etc.	25	0.	0.	0.	
26	Other salaries and wages	26				
27	Pension plan contributions	27		*		
8	Other employee benefits	28		4. 		
	Payroll taxes	29				
0	Professional fundraising fees	30				
	Accounting fees		1,320.		1,320.	
2	Legal fees	32				
	Supplies					
4	Telephone	34	2,052.	2,052.		7
5	Postage and shipping	35	2,079.	2,079.		
0	Occupancy	36				
0	Equipment rental and maintenance	37	0 (10			
	Printing and publications		9,649.			9,64
	Travel Conferences, conventions, and meetings					
	Interest Depreciation, depletion, etc. (att. sch.)	41 42				
	Other expenses (itemize):	42				1
	BANK CHARGES	43a	411.	0.	411.	
b		43b	· · · · ·	0.	411.	
c		43c				
d		43d				
e		43e				
f		43f				
	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	73,611.		1,731.	9,64
	Reporting of Joint Costs - Did you as	port i				
	Reporting of Joint Costs Did you rep					n and
	fundraising solicitation?					n and
	fundraising solicitation? If "Yes," enter (i) the aggregate amount of	of the	ese joint costs \$	; (ii) the a	mount allocated to program	n and
	fundraising solicitation? If "Yes," enter (i) the aggregate amount services \$	of the ; (iii)		; (ii) the a		n and ▶Yes X_No
	fundraising solicitation? If "Yes," enter (i) the aggregate amount a services \$ (iv) the amount allocated to fundraising \$	of the ; (iii)	ese joint costs \$ the amount allocated to manage	; (ii) the a ement and general \$	mount allocated to program	n and ▶Yes X_No
Pa	fundraising solicitation? If "Yes," enter (i) the aggregate amount a services \$ (iv) the amount allocated to fundraising \$ If III Statement of Program	of the ; (iii) n Se	ese joint costs \$	ement and general \$	imount allocated to program : and	n and ▶Yes _X_No
Pa	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$ (iv) the amount allocated to fundraising \$ It III Statement of Program cribe what was achieved in carrying out th	of the ; (iii) n So he or	ese joint costs \$	ement and general \$	mount allocated to program : and : s provided: the number of	n and ▶Yes _X No 9 Expenses
Pa esc ers	fundraising solicitation? If "Yes," enter (i) the aggregate amount a services \$ (iv) the amount allocated to fundraising \$ If III Statement of Program	of the ; (iii) <b>n S</b> o he or	ese joint costs \$	ement and general \$	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a)
Pa esc ers har	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$	of the ; (iii) m So he or ntion f	ese joint costs \$ the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ants and allocations to others.	; (ii) the a ement and general \$ ments Fully describe the service 501(c)(3) and (4) organizat	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a
Pa esc ers har	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$ (iv) the amount allocated to fundraising \$ It III Statement of Program cribe what was achieved in carrying out th tons benefited; or other relevant informa	of the ; (iii) m So he or ntion f of gra	ese joint costs \$ the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ants and allocations to others. AND CONTRIBUTE	; (ii) the a ement and general \$ ments Fully describe the service 501(c)(3) and (4) organizat	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a
Pa esc ers har	fundraising solicitation? If "Yes," enter (i) the aggregate amount a services § (iv) the amount allocated to fundraising § <b>IT IIII Statement of Program</b> cribe what was achieved in carrying out the ins benefited; or other relevant informative itable trusts must also enter the amount of <b>RAISED CONTRIBUTION</b>	of the ; (iii) n So he or ntion f of gra NS REF	ese joint costs \$	; (ii) the a ement and general \$ ments Fully describe the service 501(c)(3) and (4) organizat	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a
Pa esc ers har a	fundraising solicitation? If "Yes," enter (i) the aggregate amount a services \$	of the ; (iii) n So he or ntion f of gra NS REF	ese joint costs \$the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS	; (ii) the a ement and general \$ ments Fully describe the service 501(c)(3) and (4) organizat	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a trusts: optional for other
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Pa esc ers har a	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services § (iv) the amount allocated to fundraising § <b>IT IIII Statement of Program</b> cribe what was achieved in carrying out the ins benefited; or other relevant informative itable trusts must also enter the amount of <b>RAISED CONTRIBUTION</b> <b>FUNDS TO ASSYRIAN F</b> <b>REFUGEE CAMPS ALONG</b> <b>OF IRAQ</b>	of the ; (iii) n So he or ntion f of gra NS REF	ese joint costs \$the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS ((	iii) the a ement and general \$ nents Fully describe the service 501(c)(3) and (4) organizat D Grants and allocations \$	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a) trusts: optional for other
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Pa esc ers har a	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$ (iv) the amount allocated to fundraising \$ <b>IT III Statement of Program</b> cribe what was achieved in carrying out th ons benefited; or other relevant informa itable trusts must also enter the amount of <b>RAISED CONTRIBUTION</b> <b>FUNDS TO ASSYRIAN F</b> <b>REFUGEE CAMPS ALONG</b> <b>OF IRAQ</b>	of the ; (iii) n So he or ntion f of gra NS REF	ese joint costs \$the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS ((	; (ii) the a ement and general \$ nents Fully describe the service 501(c)(3) and (4) organizat D Grants and allocations \$ Grants and allocations \$	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a) trusts: optional for other
Pa esc ers har a	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$ (iv) the amount allocated to fundraising \$ <b>IT III Statement of Program</b> cribe what was achieved in carrying out th ons benefited; or other relevant informa itable trusts must also enter the amount of <b>RAISED CONTRIBUTION</b> <b>FUNDS TO ASSYRIAN F</b> <b>REFUGEE CAMPS ALONG</b> <b>OF IRAQ</b>	of the ; (iii) n So he or ntion f of gra NS REF	ese joint costs \$the amount allocated to manage ervice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS ((	; (ii) the a ement and general \$ nents Fully describe the service 501(c)(3) and (4) organizat D Grants and allocations \$ Grants and allocations \$	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a) trusts: optional for other
Pa esc ers har a b	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$	of the ; (iii) m Se he or tion f of gra NS REF G T	ese joint costs \$ the amount allocated to manage prvice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS (() () () () () () () () () () () () ()	; (ii) the a ement and general \$ nents Fully describe the service 501(c)(3) and (4) organizat D Grants and allocations \$ Grants and allocations \$ Grants and allocations \$ Grants and allocations \$	mount allocated to program : and : s provided: the number of	A and ► Yes X No Expenses (Required for 501(c)(3) and organizations and 4947(a) trusts: optional for other
Pa esc ers har a b c	fundraising solicitation? If "Yes," enter (i) the aggregate amount of services \$ (iv) the amount allocated to fundraising \$ <b>IT III Statement of Program</b> cribe what was achieved in carrying out th ons benefited; or other relevant informa itable trusts must also enter the amount of <b>RAISED CONTRIBUTION</b> <b>FUNDS TO ASSYRIAN F</b> <b>REFUGEE CAMPS ALONG</b> <b>OF IRAQ</b>	of the ; (iii) m Se he or tion f of gra NS REF G T	ese joint costs \$ the amount allocated to manage prvice Accomplishm ganization's exempt purposes. or each program title. Section ints and allocations to others. AND CONTRIBUTE UGEES IN HE BORDERS (() () () () () () () () () () () () ()	; (ii) the a ement and general \$ nents Fully describe the service 501(c)(3) and (4) organizat D Grants and allocations \$ Grants and allocations \$ Grants and allocations \$ Grants and allocations \$ Grants and allocations \$	imount allocated to program is provided; the number of tions and section 4947(a)(1) is provided; the number of tions and tio	n and ▶Yes _X_No

100 ASSYRIAN AID SOCIETY19604074

395

No	te: Where required, attached schedules and amou for end-of-year amounts only.	nts within the description column should be	(A) Beginning of year		(B) End of year
	Assets		4 5 6 5		
45	Cash - noninterest-bearing		4,567.		72,843
16	Savings and temporary cash investments			46	-
17 -	Accounts reactivable	47-			
+/a	Accounts receivable Less: allowance for doubtful accounts	47a 47b		47	
U		470		47c	
18 a	Pledges receivable	48a			
h	Less: allowance for doubtful accounts	48b		48c	
9				400	
50	Grants receivable Receivables due from officers, directors, truste	es and key employees (attach		45	
	schedule)			50	
51 a	Other notes and loans receivable	51a		50	
h	Less: allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			510	
53	Inventories for sale or use Prepaid expenses and deferred charges			52	
54	Investments - securities (attach schedule)			55	
	Investments - land, buildings, and			34	
/J a	-	55a			
h	equipment: basis Less: accumulated depreciation (attach				
D		55b		EE-	
56	schedule) Investments - other (attach schedule)			55c	5 
	Land, buildings, and equipment: basis			50	
,, a	Less: accumulated depreciation	57a		57.	
58	Other assets (describe ►	570		57c	
59	Total assets (add lines 45 through 58) (must equ	//	4 567	58	70 040
	Liabilities		4,567.	59	72,843
50				60	
51	Accounts payable and accrued expenses			61	
52	Grants payable	do		62	
53	Support and revenue designated for future perio Loans from officers, directors, trustees, and key				
54 54	Mortgages and other notes navable (attach sched			63 64	
55	Mortgages and other notes payable (attach sched Other liabilities (describe ►				
56	Total liabilities (add lines 60 through 65)	,	0.	65	0
	Fund Balances or N			66	0
Jraa	nizations that use fund accounting, check here				
Jigu	70 and lines 74 and 75.				
57 a				67a	
h	Current unrestricted fund			67b	
8	Current restricted fund Land, buildings, and equipment fund			68	
59	Endowment fund			69	
10	Endowment fund Other funds (describe ►	·····		70	
-	nizations that do not use fund accounting, che	ck here X and complete lines		/0	
, gu	71 through 75.				
1			0.	71	0
2	Capital stock or trust principal		0.		0
3	Paid-in or capital surplus				
4	Retained earnings or accumulated income Total fund balances or net assets (add lines 67a t	brough 70 OP lines 71 through 72	4,567.	/5	72,843
-			4 567	74	70 040
/5	(A) must equal line 19 and column (B) must equal Total liabilities and fund balances/net assets		4,567.		72,843
	TOTAL HADHILLES AND TUND DATANCES/NET ASSETS	land lines bb and (4)	4,567.	15	72,843

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 your organization's programs and accomplishments.

19604074 754715 191

_	990 (1992)					Pag
Pa	rt V List of Officers, Directors, Trustees, an		List each one even if			
	(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	ac	Expense count and allowance
	RSAI DAVID 350 BERKELEY PARK	PRESIDENT				
	VD., KENSINGTON, CA	4	0.	0.		0
	NA MALIK 551 PACIFIC AVE, SAN	SECRETARY				
	ANCISCO, CA	3	0.	0.		0
	RGON SHABBAS 41 SUTTER ST #1534,	TREASURER				
	N FRANCISCO, CA	2	0.	0.		0
	NCOLN MALIK 41 SUTTER ST #1534,	VICE-PRES				
	N FRANCISCO, CA	4	0.	0.		0
whic	ny officer, director, trustee, or key employee receive aggregate con h more than \$10,000 was provided by the related organizations?	inpensation of more than \$10	JU,UUU Trom your orga	nization and all relat	ed orga	anizations,
IT "Te	s," attach schedule (see instructions). <b>t VI Other Information</b>					Yes X
	: Section 501(c)(3) organizations and section 4947(a)(1) trusts must a	las samplets and attack Cak				
76	Did the organization engage in any activity not previously reported					Yes N
	If "Yes," attach a detailed description of each activity.	to the internal nevenue Servi			76	X
77	Were any changes made in the organizing or governing documents,	but not reported to IRS?			77	v
	If "Yes," attach a conformed copy of the changes.					X
78 a	Did the organization have unrelated business gross income of \$1,00	00 or more during the year of	overed by this return?		78a	X
b	If "Yes," has it filed a tax return on Form 990-T, Exempt Organiza	ation Business Income Tax Re	eturn, for this year?	N/A	78b	
c	At any time during the year, did the organization own a 50% or gre	ater interest in a taxable cor	poration or partnershi	n?	78c	X
	If "Yes," complete Part IX.			· ·····		
79	Was there a liquidation, dissolution, termination, or substantial cont	traction during the year?			79	X
	If "Yes," attach a statement as described in the instructions.					
80 a	Is the organization related (other than by association with a statewi	de or nationwide organizatior	n) through common me	mbership,		
	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 exempt OF	nonexempt.		
	Enter amount of political expenditures, direct or indirect, as descri		81a	0.		
b	Did the organization file Form 1120-POL, U.S. Income Tax Return	for Certain Political Organiza	ations, for this year?		81b	X
82 a	Did the organization receive donated services or the use of materia	lls, equipment, or facilities a	t no charge or at subst	antially less than		
	fair rental value?				82a	X
D	If "Yes," you may indicate the value of these items here. Do not ind			N /N		
83 a	expense in Part II. See instructions for reporting in Part III Did anyone request to see either the organization's annual return or	exemption employed as here	82b	N/A	00-	U
b	If "Yes," did the organization comply as described in the instruction	exemption application (or bo	ully:	N/A	83a 83b	X
84 a	Did the organization solicit any contributions or gifts that were not				84a	X
	If "Yes," did the organization include with every solicitation an ex		ntributions or gifts we	ere not	044	•
			• • • • • • • • • • • • • • • • • • • •	N/A	84b	
85 a	Section 501(c)(5) or (6) organizations Did the organization spend	any amounts in attempts to ir	fluence public opinior			
	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		
86	Section 501(c)(7) organizations Enter:					
а	Initiation fees and capital contributions included on line 12		86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities			N/A		
C	Does the club's governing instrument or any written policy stateme		i against any			
07	person because of race, color, or religion? (If "Yes", attach statem	ent)		N/A	86c	
87	Section 501(c)(12) organizations Enter amount of:		Les I	/-		
a		:	87a	N/A		
b	Gross income received from other sources. (Do not net amounts du	-	071	N7 / N		
88	against amounts due or received from them.) Public interest law firms Attach information described in the in	structions	87b	N/A		
89	List the states with which a copy of this return is filed <b>CALI</b>					
90	During this tax year did the organization maintain any part of your a		omputerized system?		90	X
91	The books are in care of <b>SARGON SHABBAS</b>		Telephone n	∟	30	A
	Located at ► 41 SUTTER ST, #1534 SAN	FRAN		ZIP Code > 9	410	4
92	Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form		e Tax Return, should cl			
	and enter the amount of tax-exempt interest received or accrued of		T	N/A		

Part VII Enter gross	Analysis of Income-	-Droducing Acti	vities			
Enter gross						
	amounts unless otherwise	(a)	related business income	Excluit (c)	ded by section 512, 513, or 514	(e)
indicated.		Busines	(b) SS Amount	Exclu-	(d)	Related or exempt
	am service revenue:	code	Anount	sion code	Amount	function income
(a)				_		
(b)						
(c)						
(d)						
(e)						
(f)						
(g) Fee	es from government agencies					
94 Memb	ership dues and assessments					11,235
95 Intere	st on savings and temporary					
cash in	nvestments					
96 Divide	and and interest from a constation					
97 Net re	ental income or (loss) from real esta	ate:				
(a) del	bt-financed property					
(b) not	t debt-financed property			_		
98 Net re	ental income or (loss) from personal	property				
99 Other	investment income					
	r (loss) from sales of assets					
other	than inventory					
101 Net in	come from special fundraising eve	nts				5,034
102 Gross	profit or (loss) from sales of inven	tory				5,054
103 Other						
(a)						
(b)						
(c)						
(d)						
(e)						
	tal (add calumna (b) (d) and (a))				•	16 060
104 Subtot	tal (add columns (b), (d), and (e))	d (a))	C	•	0.	
104 Subtot 105 TOTA	L (add line 104, columns (b), (d), an	d (e))			0. ►	
104 Subtot 105 TOTA Note: (Line	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq	d (e)) ual the amount on line 1	12, Part I.)		•	
104 Subtot 105 TOTA Note: (Line Part VIII	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ	d (e)) ual the amount on line <b>/ities to the Acc</b>	12, Part I.) Complishment of E	xempt	► Purposes	16,269
104 Subtot 105 TOTA Note: (Line	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi	d (e)) ual the amount on line <b>vities to the Acc</b> ch income is reported in	12, Part I.) Complishment of E n column (e) of Part VII cont	xempt	► Purposes	16,269
104 Subtot 105 TOTA Note: (Line Part VII Line No.	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p	d (e)) ual the amount on line <b>vities to the Acc</b> ch income is reported in	12, Part I.) Complishment of E n column (e) of Part VII cont	xempt	► Purposes	16,269
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104 Subtot 105 TOTA Note: (Line Part VIII Line No.	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4	d (e)) ual the amount on line <b>vities to the Acc</b> ch income is reported in	12, Part I.) Complishment of E n column (e) of Part VII cont	xempt	► Purposes	16,269
104 Subtot 105 TOTA Note: (Line Part VIII Line No.	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4	d (e)) ual the amount on line <b>vities to the Acc</b> ch income is reported in	12, Part I.) Complishment of E n column (e) of Part VII cont	xempt	► Purposes	16,269
104 Subtot 105 TOTA Note: (Line Part VIII Line No.	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4	d (e)) ual the amount on line <b>vities to the Acc</b> ch income is reported in	12, Part I.) Complishment of E n column (e) of Part VII cont	xempt	► Purposes	16,269
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104 Subtot 105 TOTA Note: (Line Part VIII Line No. ▼ 94 1 LO1 5	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5	d (e)) ual the amount on line vities to the Acc ch income is reported in roviding funds for such	12, Part I.) Complishment of E n column (e) of Part VII cont purposes).	xempt ributed in	Purposes	16,269
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104 Subtot 105 TOTA Note: (Line Part VIII Line No. 94 101 Part IX Jame, addre	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5 Information Regardir ess, and employer identification of corporation or partnership ow	nd (e)) Jual the amount on line of vities to the Acco ch income is reported in roviding funds for such and the second second second roviding funds for such and the second second second second second second second and the second seco	12, Part I.) Complishment of E in column (e) of Part VII cont purposes). Sidiaries (Complete this	xempt ributed in	Purposes nportantly to the accomplish	16,269 Imment of the organization's hecked.) End-of-year
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104 Subtot 105 TOTA Note: (Line Part VIII Line No. ▼ 94 S LO1 S Part IX lame, addres	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5 Information Regardir ess, and employer identification of corporation or partnership ow	nd (e)) Jual the amount on line of vities to the Acco ch income is reported in roviding funds for such and the second second second roviding funds for such and the second second second second second second second and the second seco	12, Part I.) Complishment of E in column (e) of Part VII cont purposes). Sidiaries (Complete this	xempt ributed in	Purposes nportantly to the accomplish	16,269 Imment of the organization's hecked.) End-of-year
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IO4 Subtot IO5 TOTA Note: (Line Part VIII Line No. V 24 9 LO 1 9 LO 1 9 Part IX lame, addre number of lease sign ere	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5 Information Regardir ess, and employer identification of corporation or partnership ow N/A Under penalties of perjury, I declare correct, and complete. Declaration of Signature of officer	nd (e)) jual the amount on line vities to the Accord ch income is reported in roviding funds for such and the second second second roviding funds for such and the second	12, Part I.) Complishment of E n column (e) of Part VII cont purposes). Sidiaries (Complete this Nature of business activitie	xempt ributed in s Part if f ss	the "Yes" box on 78c is cl Total income	hecked.) End-of-year assets knowledge and belief, it is true,
104 Subtot 105 TOTA Note: (Line Part VIII Line No. 94 101 Part IX Jame, addre	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5 Information Regardir ess, and employer identification of corporation or partnership N/A Under penalties of perjury, I declare correct, and complete. Declaration of Signature of officer Preparer's signature Firm's name (or yours DONAL	d (e)) ual the amount on line vities to the Acc ch income is reported in roviding funds for such and the second second second percentage of mership interest that I have examined this ret preparer (other than officer) LD J LAZAR,	12, Part I.) Complishment of E in column (e) of Part VII cont purposes). Sidiaries (Complete this Nature of business activitie urn, including accompanying scho is based on all information of with ACCNTNCY COR	xempt ributed in s Part if 1 s s edules and s ich prepar	the "Yes" box on 78c is cl Total income	hecked.) End-of-year assets knowledge and belief, it is true, Check if
104 Subtot 105 TOTA Note: (Line Part VIII Line No. ▼ 04 Subtot Part IX ame, addresse anumber of lease ign ere aid	L (add line 104, columns (b), (d), an e 105 plus line 1d, Part I, should eq Relationship of Activ Explain how each activity for whi exempt purposes (other than by p SEE STATEMENT 4 SEE STATEMENT 5 Information Regardir ess, and employer identification of corporation or partnership N/A Under penalties of perjury, I declare correct, and complete. Declaration of Signature of officer Preparer's signature Firm's name (or yours DONAL	d (e)) ual the amount on line vities to the Acc ch income is reported in roviding funds for such ng Taxable Subs Percentage of mership interest that I have examined this ret preparer (other than officer)	12, Part I.) Complishment of E in column (e) of Part VII cont purposes). Sidiaries (Complete this Nature of business activitie urn, including accompanying scho is based on all information of with ACCNTNCY COR	xempt ributed in s Part if 1 s s edules and s ich prepar	the "Yes" box on 78c is cl Total income tatements, and to the best of my ler has any knowledge. Date	hecked.) End-of-year assets knowledge and belief, it is true, Check if

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gen (1992) Analysis of Income-Producing TVII Analysis otherwise	Unre	alea basiliess income		by section 512, 513, or 514	
r gross anteante anteante	(a)	(Б)	(c) Exclu-	(d)	Related or exempt function income
ated.	Business code	Amount	sion code	Amount	Tunction income
Program service revenue:					
(a)					
(b)					
(c)					
(d)					
(e)					
(f)				• •	
(g) Fees from government agencies					11,235.
4 Membership dues and assessments					· · · · ·
5 Interest on savings and temporary					
cash investments					
6 Dividends and interest from securities					
7 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
38 Net rental income or (loss) from personal property					
39 Other investment income					
00 Gain or (loss) from sales of assets					
other than inventory					5,0,34
01 Net income from special fundraising events					
02 Gross profit or (loss) from sales of inventory					
03 Other revenue:					
(a)					
(b)				×	
(c)					
(d)					
(d) (e) 04 Subtotal (add columns (b), (d), and (e)) 05 TOTAL (add line 104, columns (b), (d), and (e)) Note: (Line 105 plus line 1d, Part I, should equal the amount	unt on line	12, Part I.)	Exempt	Purposes	▶ <u> </u>
(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 amou Part VIII Relationship of Activities to Line No Explain how each activity for which income is	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 amou Part VIII Relationship of Activities to Line No. Explain how each activity for which income is exempt purposes (other than by providing fun	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 amound part VIII Relationship of Activities to Explain how each activity for which income is exempt purposes (other than by providing fundaments)         94       SEE STATEMENT 4	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 Part VIII Relationship of Activities to Line No. Explain how each activity for which income is exempt purposes (other than by providing func-	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	► <u> </u>
(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 amound part VIII Relationship of Activities to Explain how each activity for which income is exempt purposes (other than by providing fundaments)         94       SEE STATEMENT 4	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 of the second sec	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 of the second sec	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 of the second sec	unt on line the Ac	12, Part I.) <b>complishment of</b> in column (e) of Part VII c	Exempt	Purposes	16,269
(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 amou         Part VIII       Relationship of Activities to         Line No.       Explain how each activity for which income is exempt purposes (other than by providing fun         94       SEE         SEE       STATEMENT         101       SEE	unt on line the Ac s reported ads for suc	12, Part I.) <b>complishment of</b> in column (e) of Part VII c ch purposes).	Exempt	Purposes apportantly to the accom	▶ <u>16,269</u>
(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 amou         Part VIII       Relationship of Activities to         Line No.       Explain how each activity for which income is exempt purposes (other than by providing fun         94       SEE STATEMENT 4         101       SEE STATEMENT 5	unt on line the Ac s reported ads for suc	12, Part I.) <b>complishment of</b> in column (e) of Part VII c ch purposes).	Exempt	Purposes apportantly to the accom	▶ <u>16,269</u> plishment of the organization's
(d)       (e)         104 Subtotal (add columns (b), (d), and (e))       (add line 104, columns (b), (d), and (e))         105 TOTAL (add line 104, columns (b), (d), and (e))       (add line 105 plus line 1d, Part I, should equal the amount of the addition of the additio	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c ch purposes). bsidiaries (Complete	Exempt ontributed in	Purposes aportantly to the accom the "Yes" box on 786	▶ <u>16,269</u> plishment of the organization's s is checked.) End-of-year
(d)       (e)         104 Subtotal (add columns (b), (d), and (e))       (add line 104, columns (b), (d), and (e))         105 TOTAL (add line 104, columns (b), (d), and (e))       (add line 105 plus line 1d, Part I, should equal the amount of the addition of the additio	unt on line the Ac s reported ads for suc	12, Part I.) <b>complishment of</b> in column (e) of Part VII c ch purposes).	Exempt ontributed in	Purposes apportantly to the accom	▶ <u>16,269</u>
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c ch purposes). bsidiaries (Complete	Exempt ontributed in	Purposes aportantly to the accom the "Yes" box on 786	▶ <u>16,269</u> plishment of the organization's s is checked.) End-of-year
(d)       (e)         104 Subtotal (add columns (b), (d), and (e))       105 TOTAL (add line 104, 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 of the part VIII Relationship of Activities to         Part VIII Relationship of Activities to         Line No.       Explain how each activity for which income is exempt purposes (other than by providing funger of the part of th	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c ch purposes). bsidiaries (Complete	Exempt ontributed in	Purposes aportantly to the accom the "Yes" box on 786	▶ <u>16,269</u> plishment of the organization's s is checked.) End-of-year
(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 amou         Part VIII       Relationship of Activities to         Line No.       Explain how each activity for which income is exempt purposes (other than by providing fun         94       SEE         SEE       STATEMENT 4         101       SEE         STATEMENT 5         Name, address, and employer identification number of corporation or partnership       Percentage ownership into	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c ch purposes). bsidiaries (Complete	Exempt ontributed in	Purposes aportantly to the accom the "Yes" box on 786	▶ <u>16,269</u> plishment of the organization's s is checked.) End-of-year
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in this Part if ivities	Purposes portantly to the accomp the "Yes" box on 786 Total income	▶ <u>16,269</u> plishment of the organization's e is checked.) End-of-year assets
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in this Part if ivities	Purposes portantly to the accomp the "Yes" box on 786 Total income	▶ <u>16,269</u> plishment of the organization's e is checked.) End-of-year assets
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in this Part if ivities	Purposes portantly to the accomportantly to the accomportantly to the accomponent of the "Yes" box on 786 Total income d statements, and to the best arer has any knowledge.	▶ 16,269 plishment of the organization's c is checked.) End-of-year assets of my knowledge and belief, it is true
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in totributed in totribute	Purposes portantly to the accomp the "Yes" box on 786 Total income	▶ <u>16,269</u> plishment of the organization's e is checked.) End-of-year assets
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in totributed in totribute	Purposes portantly to the accomportantly to the accomportantly to the accomponent of the "Yes" box on 786 Total income d statements, and to the best arer has any knowledge.	►
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in this Part if ivities	Purposes portantly to the accomportantly to the accomportantly to the accomponent of the "Yes" box on 786 Total income d statements, and to the best arer has any knowledge.	►
(d)	unt on line the Ac s reported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act	Exempt ontributed in this Part if ivities	Purposes portantly to the accomp the "Yes" box on 78a Total income d statements, and to the best arer has any knowledge. 15-94	►
(d)	the Ac sreported ads for suc	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act s return, including accompanyin cer) is based on all information luca	Exempt ontributed in this Part if ivities	Purposes portantly to the accomp the "Yes" box on 78a Total income d statements, and to the best arer has any knowledge. 15-94	►
(d)	the Ac s reported ads for suc ble Su ble Su terest	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act s return, including accompanyin cer) is based on all information Curr R/ACCNTNCY	Exempt ontributed in this Part if ivities	Purposes portantly to the accomplete the "Yes" box on 786 Total income d statements, and to the best arer has any knowledge. IS-99 Date 7/2 ZIP co	►
(d)	the Act s reported ads for such ble Such terest	12, Part I.) complishment of in column (e) of Part VII c th purposes). bsidiaries (Complete Nature of business act s return, including accompanyin cer) is based on all information Curr R/ACCNTNCY	Exempt ontributed in this Part if ivities	Purposes portantly to the accomp the "Yes" box on 786 Total income istatements, and to the best arer has any knowledge. IS-99 Date 7/2	►

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# Organization Exempt Under 501(c)(3)

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

Internal Revenue Service Name

SCHEDULE A (Form 990)

Department of the Treasury

•		n 990 (or Form 990EZ).	
•	AMERICA,	INC	Empl 94
-	est Paid Emp	over Other Then Officers	Directo

loyer identification number

ASSYRIAN AID SOCIETY OF AMERI	CA, INC		94-3147		
Part I Compensation of the Five Highest Paid	Employees Other Tha	n Officers, Di			es
(See specific instructions.) (List each one. I	f 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	account a	and othe ances
NONE	-				
	-				
	-				
Total number of other employees paid					
over \$30,000	0				
Part II Compensation of the Five Highest Paid (See specific instructions.) (List each one. I	I Persons for Profession f there are none, enter "None.")	onal Services			
(a) Name and address of persons paid more tha	n \$30,000	(b) Type o	f service	(c) Comp	ensation
NONE		_			
NONE					
		-			
		-			
		-			
		-			
Total number of others receiving over					
\$30,000 for professional services	0				
Part III Statement About Activities		*		Ye	es No
1 During the year, has the organization attempted to influence national	l, state, or local legislation, includ	ing any attempt to in	fluence public		
opinion on a legislative matter or referendum?				1	X
If "Yes," enter the total expenses paid or incurred in connection w					
Organizations that made an election under section 501(h) by filing F					
organizations checking "Yes," must complete Part VI-B AND attach	a statement giving a detailed desc	ription of			
the lobbying activities. 2 During the year, has the oganization, either directly or indirectly, er	and in our of the following out		l'anna anna anna anna anna anna anna ann		
2 During the year, has the oganization, either directly or indirectly, er principal officers, or creators, or with any taxable organization or c					
director, trustee, majority owner, or principal beneficiary:	corporation with which any such pe	son is allinated as	an officer,		
				2a	X
<ul><li>b Lending of money or other extension of credit?</li></ul>				2b	X
				2c	X
d Payment of compensation (or payment or reimbursement of expens	ses if more than \$1,000)?			2d	X
e Transfer of any part of your income or assets?				2e	X
If the answer to any question is "Yes," attach a detailed statement	explaining the transactions.				
3 Does the organization make grants for scholarships, fellowships, st				3	X
4 Attach a statement explaining how the organization determines that				I	
furtherance of its charitable programs qualify to receive payments.					
H761 For Paperwork Reduction Act Notice, see page 1 of the Instr	uctions to Form 990 (or Form 99	OEZ).	Schedule	A (Form §	390) 19

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96	04074 754715 191	399				
_	edule A (Form 990) 1992					Page <b>2</b>
	rt IV Reason for Non-Private Fo					
	organization is not a private foundation because it					
5	A church, convention of churches, or as			A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (Also					
7	A hospital or a cooperative hospital serv	• • •				
8	A Federal, state, or local government or	•				
9	A medical research organization operate	ed in conjunction with	a hospital. Section 1	70(b)(1)(A)(iii). Enter	name, city, and stat	te
40	of hospital ►					
10	An organization operated for the benefi	t of a college or unive	rsity owned or oper	ated by a governmenta	l unit. Section 170(b)	(1)(A)(iv).
11.	(Also complete Support Schedule.)					
11a	,,,.,		s support from a gov	ernmental unit or fron	n the general public.	
116	Section 170(b)(1)(A)(vi). (Also complete					
12						
12						
	(less section 511 tax) from businesses					
	contributions, membership fees, and gr See section 509(a)(2). (Also complete S		vities related to its	charitable, etc., functi	ons - subject to cert	ain exceptions.
13			and lather than town	(ation		
15	An organization that is not controlled by					
rovi	(1) boxes 5 through 12 above; or (2) sec				(2). See section 509(	a)(3).
1041	ide the following information about the supported	organizations. (See ms	aructions for Part IV	, DOX 13./		(h) Davi sumbas
	(a) 1	Name(s) of supported o	organization(s)			(b) Box number from above
14	An organization organized and operated	to test for public safe	ty. Section 509(a)(4)	. (See specific instruc	tions.)	
2	Support Schedule (Complete					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 1991	(b) 1990	(c) 1989	(d) 1988	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	101,372.				101,372.
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	14,134.	A			14 124
18	Gross income from interest, dividends,	11,151.				14,134.
	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 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 schedule. Do not include					
	gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	115,506.	0.	0.	0.	115,506.
24	Line 23 minus line 17	101,372.				101,372.
25	Enter 1% of line 23	1,155.				·
26	Organizations described in box 10 or 11:				•	
	a Enter 2% of amount in column (e), line 24					N/A
	b Attach a list (not open to public inspection)	showing the name of a	nd amount contribute	d by each person (othe	er than a	
	governmental unit or publicly supported org	anization) whose total	gifts for 1988 throug	h 1991 exceeded the	amount shown	
	in line 26a. Enter the sum of all excess amo	ounts here				N/A

(Continued on page 3)

Par	't IV	Support Schedule (continued) (Complet	e only if you checked box 10	), 11, or 12 on page 2.)				
27	Organiz							
а			wing the name of, and total am	ounts received in each vear	from, each "dis	qualified	persor	n."
			•	,	, outon un	quannea	001001	,
<ul> <li>27 Organizations described in box 12, page 2: <ul> <li>a Attach a list for amounts shown on lines 15, 16, a and enter the sum of such amounts for each year: (1991)</li> <li>0. (1990)</li> </ul> </li> <li>b Attach a list showing, for 1988 through 1991, the the organization received more during that year the boxes 5 through 11 as well as individuals. Enter tt (1991)</li> <li>0. (1990)</li> <li>28 For an organization described in box 10, 11, or 12 inspection) for each year showing the name of the include these grants in line 15. (See specific instr<b>Part V</b> Private School Questionnaii (To be completed ONLY by</li> <li>29 Does the organization have a racially nondiscrimina instrument, or in a resolution of its governing bod</li> <li>30 Does the organization publicized its racially nondiscrimina instrument, or students, or during the registratior to all parts of the general community it serves? If "Yes," please describe; if "No," please explain</li> <li>32 Does the organization maintain the following: <ul> <li>a Records indicating the racial composition of the st b Records documenting that scholarships?</li> <li>c Copies of all catalogues, brochures, announcement admissions, programs, and scholarships?</li> <li>d Copies of all material used by the organization or of if you answered "No" to any of the above, please</li> <li>33 Does the organization discriminate by race in any vasor of the sub set of the general composition or of the sub set of the sub set of the adverted set of the sub set of the sub set of the above, please</li> <li>33 Does the organization discriminate by race in any vasor of the sub set of the set of the sub set of the set of</li></ul></li></ul>	1) <b>O.</b> (1990)	<b>0.</b> (1989)	0.	(1988)			0.	
Ь	the org boxes !	a list showing, for 1988 through 1991, the name of, anization received more during that year than the larg 5 through 11 as well as individuals. Enter the sum of 1)O. (1990)	ger of: (1) the amount on line 25 these excess amounts for each	5 for the year; or (2) \$5,000 year:				
	inspect include	organization described in box 10, 11, or 12, page 2, t ion) for each year showing the name of the contribut these grants in line 15. (See specific instructions.) <b>Private School Questionnaire</b>						not
		(To be completed ONLY by school	s that checked box 6	in Part IV)		N/	A	
29	Does th	e organization have a racially nondiscriminatory polic	y toward students by statement	t in its charter, bylaws, oth	er governing		Yes	No
						29		
30	Does th	e organization include a statement of its racially non	discriminatory policy toward stu	udents in all its brochures,	catalogues,	30		
31						. 30		
•••								
						31		
	If "Yes	" please describe: if "No" please explain (If you p	eed more snace, attach a senara	te statement )				
	11 103		eeu more space, attach a separa	ite statement.)				
						-		
						-		
						-		
32	Does th	e organization maintain the following:						
а			y, faculty, and administrative st	aff?		32a	1	
b		s documenting that scholarships and other financial as						
	nondisc	riminatory basis?				32ь		
C	Copies	of all catalogues, brochures, announcements, and oth	er written communications to t	he public dealing with stude	ent			
	admissi	ons, programs, and scholarships?				32c		
d	Copies	of all material used by the organization or on its beha	If to solicit contributions?			32d		
	lf you a	inswered "No" to any of the above, please explain. (I	f you need more space, attach a	a separate statement.)				
33								
a	Student	s' rights or privileges?				33a		
ь	Admiss	ions policies?				33b		
C	Employ	ment of faculty or administrative staff?				33c		
d	Scholar	ships or other financial assistance?				33d		
e	Educatio	onal policies?				33e		
T						33f		
g	Athletic	c programs?				33g		
n	Uther e	xtracurricular activities?		·····		. 33h		
	ir you a	nswered "Yes" to any of the above, please explain. (	IT you need more space, attach	a separate statement.)		-		
						-		
34 a	Does th	e organization receive any financial aid or assistance	from a governmental agency?			34a		
		organization's right to such aid ever been revoked or						
		nswered "Yes" to either 34a or b, please explain usi						
35		e organization certify that it has complied with the ap		ons 4.01 through 4.05 of R	ev. Proc. 75-50	,		
		C.B.587, covering racial nondiscrimination? If "No,"					I	

<sup>223121</sup> 01-16-93 16450715 754715 191

Schedule A (Form 990) 1992

Schedule A (Form 990) 1992		Page 4		
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>b</b> If you checked <b>a</b> and "limited control" provisions apply.				
Limits on Lobbying Expenses	(a)	(b) To be completed for ALL		

401

		Affiliated group totals	electing organizations		
-	("Expenditures" r	neans amounts paid or incurred)			electing of gainzations
				N/A	
36	Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a	legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 a	38			
39	Other exempt purpose expenditures (see l	Part VI-A instructions)	39		
40	Total exempt purpose expenditures (add li	nes 38 and 39)	40		
	Lobbying nontaxable amount. Enter the am				
	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 \$1,700,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25%	of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- i	f line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- i	f line 41 is more than line 38	44		
	Caution: File Form 4720 if there is an am	ount on either line 43 or line 44.			

### 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.)

		ear Averaging Po	eriod		N/A			
Calendar year (or fiscal year beginning in)	(a) . 1992	( <b>b</b> ) 1991	(c) 1990	(/	<b>1)</b> 89		(e) Total	
45 Lobbying nontaxable amount			1000				Total	0.
46 Lobbying ceiling amount (150% of line 45(e))								0.
47 Total lobbying expenditures								0.
48 Grassroots nontaxable amount								0.
49 Grassroots ceiling amount (150% of line 48(e))								0.
50 Grassroots lobbying expenditures								0.
Part VI-B Lobbying (For reporting	Activity by None by organizations that did no	-	arities				N/A	
During the year, did the organiz			islation, including any at	tempt to	es N	0	Amount	
influence public opinion on a le a Volunteers	-	•						
<ul> <li>b Paid staff or management (</li> <li>c Media advertisements</li> </ul>	include compensation in ex	penses reported on lines	c through h)					
d Mailings to members, legis	lators, or the public							
e Publications or published of	broadcast statements					_		
f Grants to other organization	is for lobbying purposes							
g Direct contact with legislat	ors, their staffs, governme	ent officials, or a legislati	ve body					
h Rallies, demonstrations, se		hes, lectures, or any othe	r means					
	Total lobbying expenditures (add lines c through h)							0.
i Total lobbying expenditure: If "Yes" to any of the abov								(

Part V		garding Transfers To	and Transactions	and Relationships With Nonc	haritable	Page 5	
51 Did	Exempt Organizations Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section						
		section 501(c)(3) organizations) o	· ·			s No	
a Tran	nsfers from the reporting o	organization to a noncharitable org	anization of:				
	Cash					X	
(ii)	Other assets				a(ii)	X	
	er Transactions:						
(1)	Sales of assets to a noncha	aritable exempt organization			b(i)	X	
(11)	Purchases of assets from Reptal of facilities or equi	a noncharitable exempt organizat	ion		b(ii) b(iii)	X	
(iv)	Reimbursement arrangeme	pinein			b(iii)	X	
(v)	Loans or loan guarantees					X	
		or membership or fundraising sol	icitations			X	
c Shar	ring of facilities, equipmen	t, mailing lists or other assets, or	paid employees		c c	X	
d If th	e answer to any of the abo	ve is "Yes," complete the follow	ing schedule. The "Amount	t involved" column below should always indi	cate the fair		
				the organization received less than fair man		ny	
		nent, indicate in column (d) the va			N/		
(a)	(b)	(c)		(d)			
ine no.	Amount involved	Name of noncharitable e	xempt organization	Description of transfers, transactions, and	sharing arran	gements	
		-					
2 a ls th	e organization directly or i	ndirectly affiliated with or relate	ad to one or more tax-ax	empt organizations described in section 501	a) of the		
	e (other than section 501(c)	(2)) or in contine E 272				X No	
	fes," complete the following			······ L			
- <u></u>		(a)	(b)	(c)			
Name of organization		organization	Type of organization	Description of relations	hip		
8							

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ASSYRIAN AID	SOCIETY	OF AME	RICA, INC				94-314751	7
FORM 990	SPE	CIAL FU	NDRA I S I NG		AND ACTIVIT		STATEMENT	1
DESCRIPTION OF	EVENT	GROSS RECEIP	CONTRI TS INCL	BUTIONS UDED	GROSS REVENUE	DIRECT EXPENSES	NET 5 INCOME	
SEMINARS, DINNE Parties & Lectu		127,8	47.	51,139.	76,708.	71,674	l. 5,03	4.
TOTAL TO FM 990					76,708.			
======================================					OR FUND BAL			2
DESCRIPTION							AMOUNT	
PRIOR PERIOD BA	LANCE A	DJUSTME	NT				15,04	3.
TOTAL TO FORM 9	90, LINI	E 20					15,04	
======================================					INDIVIDUALS			=== 3
DESCRIPTION							AMOUNT	5
FOOD, SHELTER A	ND CLOTH	HING FO	R INDIGEN	TS, ETC.			58,10	 D.
TOTAL TO FORM 9	90, LINI	E 23					58,10	D.

58,100. \_\_\_\_\_\_

# ASSYRIAN AID SOCIETY OF AMERICA, INC.

### STATEMENT 4: RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES - MEMBERSHIP DUES

The purpose of membership dues is to unite those individuals who share in the common goal of providing humanitarian aid to Assyrian victims of war and civil unrest in the middle east. By uniting said individuals, they can exchange thoughts and ideas and for the purpose promoting the cause of the organization. Membership also includes the purpose of assigning responsibilities to those individuals to perform specific duties to further said cause.

## STATEMENT 5: RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES - NET INCOME FROM SPECIAL FUNDRAISING EVENTS

The purpose of raising funds from special fundraising events is to further promote and educate the public of the organization and its goals and accomplishments. By educating the public, they become fully aware of the plight of the Assyrian victims in the middle east and become aware of the need to assist such victims. The organization uses the fundraising events to instill upon the public of the urgent need of support to assist such victims in the middle east.