2.	00	Return of Organization Exempt From Incor	me Tax	OMB No. 1545-0047
Form	33	Under section 501(c) of the Internal Revenue Code (except black trust or private foundation) or section 4947(a)(1) nonexempt char		1993
	ent of the T Revenue Se		oorting requirements.	This Form is Open to Public Inspection
A For	the 1993	calendar year, OR tax year period beginning $10/1$, 1993, and ending	9/3	
	check if:	Please C		er identification number
	nitial retur	n USE IRS ASSYRIAN AID SOCIETY OF AMERICA, INC.	. 9	4-3147517
F	inal return	printor 41 SUTTER STREET, #1534	E State re	gistration number
	mended ret	type. See SAN FRANCISCO, CA 94104 LENT C	UPY 84	076
	Change of	instruc-	F Check	if exemption
	address	tions.		application is pending
G Type	e of organi	ization-► X Exempt under section 501(c) (3) ◄ (insert number), OR ►	section 4947(a)(1) n	onexempt charitable trust
Note:	Section 50	01(c)(3) exempt organizations and nonexempt charitable trusts MUST attach a completed	d Schedule A (Form 9	90).
H (a)	s this a gr	oup return filed for affiliates? Yes X No I If ei	ther box in H is checked "	Yes," enter four-digit
		grou	up exemption number (GE	N) 🕨
(b) i	f "Yes," en	ter the number of affiliates for which this return is filed:	ounting method: X	Cash Accrual
(c) I	s this a sepa	arate return filed by an organization covered by a group ruling? Yes No	Other (specify)	
	Check here		ot file a return with the IRS	S; but if it received a Form 990
F	Package in th	he mail, it should file a return without financial data. Some states require a completed return.		
Note:	Form 990	EZ may be used by organizations with gross receipts less than \$100,000 and total asset	s less than \$250,000 a	at end of year.
Par		tatement of Revenue, Expenses, and Changes in Net Assets or Fi		<i>v</i>
		ntributions, gifts, grants, and similar amounts received:		
	a Dir	ect public support	116,999	
		lirect public support		
		vernment contributions (grants)		
		tal (add lines 1a through 1c) (attach schedule - see instructions)		
		ash \$ noncash \$)		
		ogram service revenue including government fees and contracts (from Part VII, line 93)		
		embership dues and assessments (see instructions)		*
		erest on savings and temporary cash investments		
		vidends and interest from securities		
		oss rents		2
R		ss: rental expenses		
e		t rental income or (loss) (subtract line 6b from line 6a)		
v e	7 Ot	her investment income (describe) 7	2
n	8 a Gr	oss amount from sale of assets other than (A) Securities	(B) Other	
u		ventory		
e	b Les	ss: cost or other basis and sales		
		penses		
		ain or (loss) (attach schedule)		
	d Ne	et gain or (loss) (combine line 8c, columns (A) and (B))		
	9 Sp	pecial events and activities (attach schedule - see instructions):		
	a Gr	oss revenue (not including \$ of		
		ntributions reported on line 1a)		
1.0		ss: direct expenses other than fundraising expenses		
		et income or (loss) from special events (subtract line 9b from line 9a)		200 g
	10 a Gr	oss sales of inventory, less returns and allowances		
		ss: cost of goods sold		
	c Gr	ross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 1		
		her revenue (from Part VII, line 103)		
		otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		116,999
Ex		ogram services (from line 44, column (B)-see instructions)		
x p		anagement and general (from line 44, column (C)-see instructions)		7,867
р е п		Indraising (from line 44, column (D)-see instructions)		
s		ayments to affiliates (attach schedule - see instructions)		
es		otal expenses (add lines 16 and 44, column (A))		165,111
A		ccess or (deficit) for the year (subtract line 17 from line 12)		-48,112
N S e S	1	et assets or fund balances at beginning of year (from line 74, column (A))		72,843
t e t		ther changes in net assets or fund balances (attach explanation)		
S		et assets or fund balances at end of year (combine lines 18, 19, and 20)		24,731
0102		rk Reduction Act Notice see instr		Form 990 (1993)

D193 For Paperwork Reduction Act Notice, see instr.

.

	-			C), and (D) are required	
Functional Expenses an		ganizations and 4947(a)(1			structions.)
Do not include amounts reported on line	e	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		(1)	services	and general	, , , , , , , , , , , , , , , , , , ,
22 Grants and allocations (attach schedule)					
(cash \$ noncash \$		157 044	157 044		
23 Specific assistance to individuals (attach sch.)		157,244	157,244		
24 Benefits paid to or for members (attach sch.)					
25 Compensation of officers, directors, etc					
26 Other salaries and wages					
27 Pension plan contributions					
28 Other employee benefits					
29 Payroll taxes					
30 Professional fundraising fees					
31 Accounting fees		2 707	2 707		
32 Legal fees		3,787	3,787		
33 Supplies					
34 Telephone					
35 Postage and shipping					
36 Occupancy					
37 Equipment rental and maintenance					
38 Printing and publications					
39 Travel					
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach sch.)					
43 Other expenses (itemize): a	43a	1 000		0.010	2.040
b VARIOUS	43b	4,080		2,040	2,040
c	43c				
d	43d		п.,		
е	43e				
44 Total functional expenses (add lines 22 through 43 Organizations completing columns (B)-(D), carry		165 111	1 61 001	2 0 4 0	2 040
these totals to lines 13-15	. 44	165,111			2,040
Reporting of Joint CostsDid you report in					
educational campaign and fundraising solicita	tion?				Yes X No
If "Yes," enter (I) the aggregate amount of these joint (costs \$; (II) the amount allocated		;
(III) the amount allocated to Management and general			V) the amount allocated to I	Fundraising \$	
Part III Statement of Program S				dan a succedada da da da a	Evnancas
Describe what was achieved in carrying out th					Expenses (Required for 501(c)(3)
number of persons benefited; or other relevan				d (4) organizations	and (4) organizations and 4947(a)(1) trusts; optional
and section 4947(a)(1) charitable trusts must a					for others.)
a RAISED CONTRIBUTIONS					
REFUGEES IN REFUGEE (AMPS	ALONG THE B	ORDERS OF TH	AY.	
			and and all and and and		161 001
		(Gra	ants and allocations \$)	161,031
b					
· · · ·		(Gra	ants and allocations \$)	
c					
		(Gr	ants and allocations \$)	
d					
					4
			ants and allocations \$)	
e Other program services (attach schedule)	1 (1 0)1
f Total (add lines a through e) (should equ	al line 4	4 column (B) Program s	services)		161,031

Form	000	(1002)	
гопп	990	(1993)	

Part IV Balance Sheets

Note:	Where required, attached schedules and amounts within the description column should	(A)		(B)
	be for end-of-year amounts only.	Beginning of year		End of year
3	Assets			
45	Cash - non-interest-bearing	72,843	45	24,731
46	Savings and temporary cash investments		46	
47 a	Accounts receivable			
. b	Less: allowance for doubtful accounts		47c	
48 a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach			
	schedule)		50	
51a	Other notes and loans receivable (attach schedule) 51a			
b	Less: allowance for doubtful accounts		51c	
52			52	and the second
53	Prepaid expenses and deferred charges		53	
54	Investments – securities (attach schedule)		54	
55a				
55 a	basis			
h	Less: accumulated depreciation (attach schedule) 55b		55c	
b			56	
56	Investments – other (attach schedule)			
57a			57c	
b	Less: accumulated depreciation (attach schedule) 57b		570	
58	Other assets (describe ►)	72,843		24,731
59	Total assets (add lines 45 through 58) (must equal line 75)	12,043	No. of the local division of the	24,751
	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	· · · · · · · · · · · · · · · · · · ·
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	-1
65	Other liabilities (describe >)	·	65	
66	Total llabilities (add lines 60 through 65)		66	
	Fund Balances or Net Assets	4 - A - A - A - A - A - A - A - A - A -		
Orga	and complete lines 67 and complete lines 67			
	through 70 and lines 74 and 75 (see instructions).			
67a	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	
Orga	anizations that do not use fund accounting, check here > and complete			
	lines 71 through 75 (see instructions).			A
71	Capital stock or trust principal		71	2
72	Paid-in or capital surplus	L	72	
73	Retained earnings or accumulated income	72,843	3 73	24,731
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)	72,843	3 74	24,731
75	Total liabilities and fund balances/net assets (add lines 66 and 74)		75	24,731

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes the organization's programs and accomplishments.

(4					-	
	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 & deferred comp.	accoun	Expense It and othe wances
	ID 350 BERKELEY PARK ISINGTON, CA		0	0		
MONA MALIK	551 PACIFIC AVE,	SECRETARY				
SAN FRANCI SARGON SHA	SCO, CA BBAS 41 SUTTER ST	TREASURER	0	0		
Contract of the local data and t	I FRANCISCO, CA ALIK 41 SUTTER ST	2 VICE-PRES	0	0		
#1534, SAN	I FRANCISCO, CA	4	0	0		
	ctor, trustee, or key employee receive age related organizations, of which more that				Yes	X No
•	edule - see instructions.		j			
Part VI Othe	er Information					Yes No
	ation engage in any activity not previously reporte					X
77 Were any cha	anges made in the organizing or governin	g documents, but not reported	to the IRS?		. 77	X
	h a conformed copy of the changes.					
78 a Did the organ	ization have unrelated business gross inc	come of \$1,000 or more during	the year covered by	this return?	. 78a	X
b If "Yes," has i	t filed a tax return on Form 990-T, Exemp	ot Organization Business Incor	ne Tax Return, for th	is year?	. 78b	
,	idation, dissolution, termination, or substantial co				. 79	X
	ation related (other than by association w					
membership,	governing bodies, trustees, officers, etc.,	to any other exempt or nonex	empt organization? (See instructions.) .	. 80a	X
b If "Yes," enter	the name of the organization ►					
	ar	nd check whether it is	exempt OR n	ionexempt.		
81 a Enter amount	t of political expenditures, direct or indirect	ct, as described in the instruction	ons 81a			
b Did the organ	nization file Form 1120-POL, U.S. Income	Tax Return for Certain Politica	al Organizations, for t	his year?	. 81b	X
•	ization receive donated services or the urrental value?	se of materials, equipment, or	facilities at no charge	e or at substantially	. 82a	X
	may indicate the value of these items here	e Do not include this amount :	as			
	art I or as an expense in Part II. (See instr					
	nization comply with the public inspection			ns?	. 83	X
	nization solicit any contributions or gifts th				. 84a	X
-	he organization include with every solicita				100000000000000000000000000000000000000	
	e? (See General Instruction M.)				. 84b	
	c)(4), (5), or (6) organizations a Were s					
	nization make only in-house lobbying exp				100000000000000000000000000000000000000	
	,				85b	
	ther 85a or 85b, do not complete 85c thro		1950		000	
	ments, and similar amounts from membe					
	e) lobbying and political expenditures after					
	ondeductible amount of section 6033(e)(1					
	unt of lobbying and political expenditures				_	
	anization elect to pay the section 6033(e)				. 85g	+
	anization elect to add the amount in 85f t					
	expenditures for the following tax year?	****************			. 85h	
	c)(7) organizations Enter:					
	and capital contributions included on lin					
	ts, included on line 12, for public use of c					
	c)(12) organizations Enter: Gross incon					
	e received from other sources. (Do not ne					
0	unts due or received from them.)					
	during the year, did the organization own					
If "Vee" com	plete Part IX				88	
	st law firms Attach information describe	ed in the instructions.				
89 Public interes						
89 Public interes90 List the state	s with which a copy of this return is filed	► CALIFORNIA				
89 Public interes90 List the state91 The books a	s with which a copy of this return is filed re in care of \blacktriangleright SARGON SHABB?	► CALIFORNIA AS	Teleph	one no. ►		
89 Public interes90 List the state91 The books aLocated at 	s with which a copy of this return is filed	► CALIFORNIA AS SAN FRANCISCO		ZIP code ►		

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rm 990 (1993) Part VII Analysis of Income-Prod	ucing Activi	ties					
ter gross amounts unless otherwise indicated	. Unrelate	ed business income	Excluded	d by se	ction 512, 513, or	514	(E)
Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion		(D) Amount	fu	elated or exempt unction income ee instructions.)
a							
b							
c					5		
d							
e	-						
f							
g Fees and contracts from government agencies							
Membership dues and assessments							
Interest on savings and temporary cash investments							
Dividends and interest from securities							
 Net rental income or (loss) from real estate: 							
a debt-financed property							
B Not dept-infanced property							
9 Other investment income							
0 Gain or (loss) from sales of assets other than invent							
1 Net income from special fundraising events							
2 Gross profit or (loss) from sales of inventor			_				
3 Other revenue: a							
b							
c							
d							
e 04 Subtotal (add columns (B), (D), and (E)) .		253					
Line No. Explain below how each active of the organization's exempt p	ourposes (other	than by providing fund	s for such p	ourpose	es). (See instructio	ons.)	
Part IX Information Regarding	Taxable Sul	bsidiaries (Complet	e this Part	if the '	'Yes" box on 88 l	s checked.)
Name, address, and employer identification	on of	Natu	re of		Iotai		Enu-oi-year
number of corporation or partnership	ownershi interest		activities		income		assets
Please Under penalties of perjury, I dec belief, it is true, correct, and cor Sign	lare that I have ex	amined this return, including n of preparer (other than off	accompanyi icer) is based	ng scheo on all in	dules and statements, formation of which p	, and to the be reparer has ar	est of my knowledge ay knowledge.♥
Here Signature of officer			Date		Title		
Paid Preparer's				Date	Check if self- employe		eparer's SSN 551 - 90 - 35
Preparer's DON	ALD J. I	LAZAR, ACCNT	NCY CO	ORP	E.I. No.	▶ 9	4-3066444
Use Only (or yours, if self-employed) 66	BOVET RO MATEO,	DAD, SUITE 3	10		ZIP code		94402

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k), or Section 4947(a)(1) Nonexempt Charitable Trust OMB No. 1545-0047

19**93**

Supplementary	Information
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	tment of the Treasury al Revenue Service	Must be completed by the about the build be completed by the build be completed by the build be bui	ove organizations and attach	ed to their Form 99	0 (or 990-EZ)			
Name	of the organization				Employer Ide	ntificati	on nur	nber
ASS		SOCIETY OF AMERIC			94-3	1475	17	
Pa	art I Compens	sation of the Five Highest	Paid Employees Other	Than Officers,	Directors, and	Truste	es	
		tions.) (List each one. If there are n						
(a) Name and address of ea	ach employee paid more than \$30,000	(b) Title and average hours per week devoted to position	(C) Compensation	(d) Contributions to employee benefit plans & deferred comp.		ense ac d other wances	
NON	IE							
								- 140 - 1
					2			
Total	number of other emp	oloyees paid over						
\$30,0								
Pa	rt II Compens	sation of the Five Highest	Paid Persons for Profe	essional Servic	es			
	(See instruct	tions.) (List each one. If there are n	one, enter "None.")					
	(a) Nan	ne and address of each person paid more	than \$30,000	(b) Type	of service	(c) Ca	mpensa	tion
			×					2
		· · · · · · · · · · · · · · · · · · ·				,		9.
							<i></i>	
Total	number of others rec	ceiving over \$30,000 for						
		nts About Activities					Yes	No
1		the organization attempted to influ						x
		nion on a legislative matter or refere			• • • • • • • • • • • •	. 1		A
		tal expenses paid or incurred in co nade an election under section 501			ther errenizations			
	-				-			
2		st complete Part VI-B AND attach a						
2		the organization, either directly or reators, key employees, or member		-				
		is an officer, director, trustee, major			with which any such			
а	•	easing of property?				. 2a		X
b		r other extension of credit?						X
c	• ·	, services, or facilities?						X
ď		sation (or payment or reimburseme						X
e		of its income or assets?						X
U		question is "Yes," attach a detailed				. 26		
3		on make grants for scholarships, fe						X
4	•	explaining how the organization de						
		e of its charitable programs qualify		-	-			

Schedule A (Form 990) 1993					Bage 2
Part IV Reason for Non-Private For	undation Status	(See instructions for	definitions)		Page 2
The organization is not a private foundation becaus		the second se			
5 A church, convention of churches, or ass					
6 A school. Section 170(b)(1)(A)(ii). (Also co					
7 A hospital or a cooperative hospital service					
8 A Federal, state, or local government or g					
9 A medical research organization operated				or the hearitally a	and all and
state ►		i nospital. Section 17	(b)(1)(A)(iii). Ent	er the nospital's ha	ame, city, and
10 An organization operated for the benefit of		ity owned or operate	d by a governmer	ntal unit. Section 17	0(b)(1)(A)(iv).
(Also complete the Support Schedule be	,				
11a An organization that normally receives a s			nmental unit or fro	m the general public	ic.
Section 170(b)(1)(A)(vi). (Also complete th					
11b A community trust. Section 170(b)(1)(A)(v					
12 X An organization that normally receives: (a					
income (less section 511 tax) from busine					
contributions, membership fees, and gros			ritable, etc., functio	ons - subject to cer	tain exceptions.
See section 509(a)(2). (Also complete the					
13 An organization that is not controlled by a					
described in: (1) lines 5 through 12 above	e; or (2) section 501(c)(4), (5), or (6), if the	y meet the test of	section 509(a)(2). (5	See
section 509(a)(3).)					6
Provide the following information about the support	ed organizations. (Se	e instructions for Par	t IV, line 13.)		
(a) N	ame(s) of supported o	organization(s)			(b) Line number from above
14 An organization organized and operated	to test for public safet	y. Section 509(a)(4).	(See instructions.))	
Support Schedule (Complete only if you checked b					
Note: You may use the worksheet in the instruction					
Calendar year (or fiscal year beginning in) ►	(a) 1992	(b) 1991	(c) 1990	(d) 1989	(e) Total
15 Gifts, grants, and contributions received. (Do					
not include unusual grants. See line 28.)	121,810	101,372			223,182
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.,		1.2			e e
purpose	5,034	14,134			19,168
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 sec-					
unrelated business taxable income (less sec-					
tion 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business				· · · · · · · · · · · · · · · · · · ·	
activities not included in line 18					C 1
20 Tax revenues levied for the organization's benefit and either paid to it or expended					
benefit and either paid to it or expended	1	· · · · · · · · · · · · · · · · · · ·		1	

	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	·	1			
	gain (or loss) from sale of capital assets					
23	Total of lines 15 through 22	126,844	115,506			242,350
24	Line 23 minus line 17	121,810	101,372			223,182
25	Enter 1% of line 23	1,268	1,155			
26	Organizations described in lines 10 or 11:	2				
a	Enter 2% of amount in column (e), line 24					
b	Attach a list (not open to public inspection) sho	wing the name of an	d amount contribute	d by each person (d	other than	
	a governmental unit or publicly supported organ	nization) whose total	gifts for 1989 throug	gh 1992 exceeded th	e amount	
	shown in line 26a. Enter the sum of all these ex	cess amounts here				

shown in line 26a. Enter the sum of all these excess amounts here

(Support Schedule continued on page 3) CS1

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Sche	dule A (Form 990) 1993		Pa	ge 3
Pa	t IV Support Schedule (continued) (Complete only if you checked a box on lines 10, 11, or 12.)			
27	Organizations described on line 12:			
а	Attach a list, for amounts shown on lines 15, 16, and 17, to show the name of, and total amounts received in each year from, each year and the same of such amounts for each year.	cn "dis	qualit	ea
	person." Enter the sum of such amounts for each year:			
	(1992) (1991) (1990) (1989)			
b	Attach a list show, for 1989 through 1992, the name of, and amount included in line 17 for, each person (other than a "disqualified		,	from
	whom the organization received, during that year, an amount that was more than the larger of (1) the amount on line 25 for the y			
	\$5,000. Include organizations described in lines 5 through 11, as well as individuals. After computing the difference between the	amou	nt	
	received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:			
	(1992) (1991) (1990) (1989)			
28	For an organization described in line 10, 11, or 12, that received any unusual grants during 1989 through 1992, attach a list (whi			
	to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description	n of th	e nati	ILE
Do	of the grant. Do not include these grants in line 15. (See instructions.) It V Private School Questionnaire			
Fd	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and			
04	scholarships?	30		
31	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	······································			
32	Does the organization maintain the following:			
а	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			
		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 the organization or on its behalf to solicit contributions?	32d		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance? (See instructions.)	33d		
e	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?	33g 33h		-
h	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		1		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev.			
	Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

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-	art VI-A Lobbying Expenditures t			ee instructions.)			Page 4
	(To be completed ONLY by an e eck here ► a If the organization below	ngs to an affiliated gr	oup (see instruction				
Che	eck here ► b If you checked a and " Limits on Lol (The term "expenditures"	obying Expendit	tures	tructions).	Affiliat	a) ed group tals	(b) To be completed for ALL electing organizations
37 38 39 40 41	If the amount on line 40 is - Th Not over \$500,000	lative body (direct lot 37)	bbying)			nns belov	
		See the instructio	ns for lines 45 throu	gh 50.)			
			Lobbying Expendit	tures During 4-Yea	r Averagi	ng Perio	4
	Calendar year (or	(a)	(b)	(c)	((d)	(e)
45	Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount (see instructions)				(
<u>46</u> 47	fiscal year beginning in) ► Lobbying nontaxable amount (see instructions)	(a) 1993	(b)	(c)	((d)	(e)
46 47 48 49	flscal year beginning in) ► Lobbying nontaxable amount (see instructions) Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures (see instructions) Grassroots nontaxable amount (see instructions) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (see	(a) 1993	(b) 1992	(c)		(d)	(e) Total
46 47 48 49 50	fiscal year beginning in) ► Lobbying nontaxable amount (see instructions) Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures (see instructions) Grassroots nontaxable amount (see instructions) Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (see instructions) Part VI-B Lobbying Activity by No	(a) 1993	(b) 1992	(c)		(d) 990	(e) Total
46 47 48 49 50	flscal year beginning in) ► Lobbying nontaxable amount (see instructions) instructions) Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures (see instructions) Grassroots nontaxable amount (see instructions) Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (see instructions)	(a) 1993 nelecting Public hat did not complete luence national, state eferendum, through ation in expenses rep 	(b) 1992 Charities Part VI-A) e or local legislation, the use of: ported on lines c thr corted on lines c thr a legislative body es, or any other mea	(c) 1991 including any attem ough h).	pt to	(d) 990 Yes No	(e) Total

Par			garding Transfers To and Transactions and Relationships With Nonchar	table								
51		npt Organizatio										
	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?											
а	Transfers from the reporting organization to a noncharitable exempt organization of:											
_	(I) Cash											
ь	Other transactions:											
-			ncharitable exempt organization	b (1)								
			om a noncharitable exempt organization									
			quipment	<u> </u>		1						
	(Iv) Reimbursement arrangements. b(Iv) (v) Loans or loan guarantees b(v)											
с			ent, mailing lists or other assets, or paid employees.	<u> </u>								
d	-	the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the good										
		other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or										
	sharing arrangement, show in column (d) the value of the goods, other assets, or services received.											
(a)	(b)	(c) (d)									
Line	no. Amou	nt involved	Name of noncharitable exempt organization Description of transfers, transactions, and sh	aring arr	angem	nent						
		,										

52a	Is th	e organization directly or	r indirectly affiliat	ted with, or related to, one or mor	e tax-exem	npt organizations described	
	in se	n section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No					
b	lf "Y	f "Yes," complete the following schedule.					
		(a)		(b)		(c)	
Name of organization			Type of organization Description of relationsh		Description of relationship		

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