Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

1996

OMB No. 1545-0047

This Form is Open to Public Inspection

A F	or the	e 1996 calendar y		0/01 , 1996,	and ending	9/	[′] 30 ,	19 97
B c	heck if							r identification number
	hange	of address label or		of America,	Inc.		94-314	7517
☐ Ir	nitial ret	urn print or		livered to street address)		Room/suite	E State reg	istration number
□F	inal retu	urn type. See	41 Sutter Street, #19	534			84076	
□ A	mende	d return Specific	City, town, or post office, state, and ZIP code			-		▶ ☐ if exemption
(r S	equire o tate rep	also for	San Francisco, CA 941	104				application is pending
G 1	уре о	f organization >) ◀ (insert number) OF	▶ ☐ sec	ction 4947(a)(1) nonexem	ot charitable trust
			empt organizations and 4947(a)(1) nonexe					
			filed for affiliates?					s," enter four-digit group
			nber of affiliates for which this return is filed:			tion number (,
			rn filed by an organization covered by a			nting method:		☐ Accrual
(0)				∏ Yes ☒ No	_	her (specify)		
KC			e organization's gross receipts are normally					with the IRS:
			990 Package in the mail, it should file a retur					
			used by organizations with gross receipts le					
	art I	Revenue.	Expenses, and Changes in Net	Assets or Fund Ba	lances (See Specific I	nstructions	on page 9.)
	1		fts, grants, and similar amounts received:		(ост сросиист		page oi,
	а		pport		1a	220,0	000	
			upport					
	1	-	tributions (grants)					
	1		1a through 1c) (attach schedule of contribut					
		(cash \$ 22	1d	220,000				
	2	Program service		220,000				
	3	Membership due						
	4	Interest on savin						
	5		nterest from securities		3			
	6a							
			enses				***************************************	
		Net rental incom	6c					
REVENU	7		come (describe ▶					
E				(A) Securities		(B) Other) 7	
	8a	Gross amount fr	om sale of assets other than inventory		8a	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		
Е	b	Less: cost or oth	er basis and sales expenses		8b			
	1		tach schedule)		8c			
) (combine line 8c, columns (A) and (B))				8d	
	1		nd activities (attach schedule)					
	1		not including \$ of co	ntributions				
			1a)		9a			
	b	Less: direct expe	enses other than fundraising expenses		9b			
	C	Net income or (le	oss) from special events (subtract line 9b fro	m line 9a)			9с	
	10a	Gross sales of in	ventory, less returns and allowances		10a			
			ods sold		10b			
	С	Gross profit or (I	oss) from sales of inventory (attach schedule	e) (subtract line 10b from	line 10a) .		10c	
	11	Other revenue (f	rom Part VII, line 103)				11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, ar	nd 11)			12	220,000
Е	13	Program service	s (from line 44, column (B))				13	209,650
X	14	Management an	d general (from line 44, column (C))				14	11,600
EXPENSES	15	Fundraising (from line 44, column (D))						
S	16	Payments to affil	iates (attach schedule)				16	
S	17	Total expenses	(add lines 16 and 44, column (A))				17	221,250
A	18	Excess or (defici	t) for the year (subtract line 17 from line 12)				18	-1,250
NET T	19		nd balances at beginning of year (from line 7					1,693
ŤΕ	20		n net assets or fund balances (attach explan					
S	21	Net assets or fur	nd balances at end of year (combine lines 18	3, 19, and 20)			21	443

209,650

	IT II Statement of All organizations must comp				71 01.	1,01,
********	Functional Expenses Section 4947(aχ1) nonexemp	lete colu et charita	mn (A). Columns (B), (C), ble trusts but optional fo	and (D) are required for a or others. (See Specific I	section 501(c)(3) and (4) c nstructions on page 13.)	rganizations and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23	195,000	195,000		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29		in and the second		
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	1,000		1,000	
33	Supplies	33	650		650	
34	Telephone	34	450	450	030	
35	Postage and shipping	35	700	150	700	
36	Occupancy	36	, , , ,		700	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	950		950	
39	Travel	39	2,600	2,600	930	
40	Conferences, conventions, and meetings	40	5,300	2,000	5,300	
41	Interest	41	3,300		3,300	
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a management costs	43a	3,000		2 000	
b	special events	43b	11,000	11 000	3,000	
	fees		600	11,000		
٦	rees	43c	800	600		
d		43d				
		43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44	221,250	209,650	11,600	
Repo	rting of Joint Costs Did you report in column (B) (Program s	services) any joint costs fron	n a combined educa	tional campaign	
						► ☐ Yes 🛛 N
	s," enter (i) the aggregate amount of these joint costs \$; (ii) the amo	ount allocated to Pro	gram services \$	
	ne amount allocated to Management and general \$; and (iv) the am	ount allocated to Fu	ndraising \$	
	rt III Statement of Program Service Accompli				e 16.)	
Wha	is the organization's primary exempt purpose? ▶aid to	assy	rian refug	gees		Program Service
All or Disci	ganizations must describe their exempt purpose achievements. iss achievements that are not measurable. (Section 501(c)(3) a	State th	e number of clients organizations, and 4	served, publications	issued, etc.	Expenses (Required for 501(c)(3)
trusts	must also enter the amount of grants and allocations to others.))				(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
а	contributed funds to assyrian r the borders of iraq to be used					
	care.		,			
			(Grants and alloc	cations \$)	209,650
b			(
			(Grants and alloc	eations \$)	
С			(,	
			(Grants and alloc	cations \$		
d			(S. Sino Gilo Gilo		,	
-			***************************************			
			(Grants and alloc	eations \$	·····	
_	Other program services (attach schedule)		(Grants and alloc)	

f Total of Program Service Expenses (should equal line 44, column (B), Program services)....

Part IV Balance Sheets (See Specific Instructions on page 16.)

	lote:	Where required, attached schedules and amounts within the description of for end-of-year amounts only.	column should be	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing		1,693	45	443
	46	Savings and temporary cash investments		,	46	
	47 a	Accounts receivable	a			
		Less: allowance for doubtful accounts			47c	
			-		7,0	
	48 a	Pledges receivable	a			
	10 10 100 100	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach s		50		
A		Other notes and loans receivable (attach schedule)			30	
SSETS		Less: allowance for doubtful accounts			51c	
		Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
		Investments – securities (attach schedule)			54	
	1				54	
	55 a	Investments – land, buildings, and equipment: basis	. 1			
	۱.					
		Less: accumulated depreciation (attach schedule) 55			55c	
		Investments – other (attach schedule)	1		56	
		Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)			57c	
	58	Other assets (describe)		58	
	50	Total accests (add lines 45 through 50) (much accel line 74)		1 (00		4.40
	59	Total assets (add lines 45 through 58) (must equal line 74)	1,693	59	443	
L	60	Accounts payable and accrued expenses			60	
ĩ	61	Grants payable			61	
B	62	Deferred revenue			62	
1	63	Loans from officers, directors, trustees, and key employees (attach schedu			63	
Ļ		Tax-exempt bond liabilities (attach schedule)			64a	
Т		Mortgages and other notes payable (attach schedule)			64b	
E	65	Other liabilities (describe)		65	
ร						
		Total liabilities (add lines 60 through 65)		0	66	0
N E T	Orga	anizations that follow SFAS 117, check here and complete lines	67 through 69			
		and lines 73 and 74.				
A S	67	Unrestricted			67	
ASSETS	68	Temporarily restricted			68	
S	69	Permanently restricted			69	
OR	Orga	anizations that do not follow SFAS 117, check here and complete	e lines 70			
		through 74.				
FUND	70	Capital stock, trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·		70	
N D	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds \dots		1,693	72	443
A	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70				
BALANCES		column (A) must equal line 19 and column (B) must equal line 21) \dots	1,693	73	443	
Ç						
ร	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,693	74	443

Forn	n 990 (1996) 🛚 🔏	Assyrian Aid Societ	- V O	f Americ	a, Inc			04 21	47517
	art IV-A	Reconciliation of Revenue Financial Statements with Return (See Specific Instruction	e per A	Audited nue per	Part IV		Reconciliation Financial State Return	94-314 on of Expenses p on tements with Exp	er Audited
(2) (3) (4) c d (1) (2)	per audited for Amounts incoming 12, Form Net unrealized on investment Donated servand use of fat Recoveries of year grants of Other (specification of the Common of the C	ed gains ints \$ vices acilities \$ of prior \$ fy): \$ s on lines (1) through (4) > luded on line 12, Form 990 but : expenses on in 990 \$		N/A	finant b Amo line (1) Dona and (2) Prior repo Form (3) Loss line 2 (4) Othe Add c Line d Amo Form (1) Invest inclu Form (2) Othe Add e Total (line	unts in the state of the state	f facilities \$ adjustments in line 20, \$ corted on rm 990 \$ cify) sints on lines (1) throus line b	ough (4) > (2) > (2) > (4) orm 990	a N/A b c
		(A) Name and address		(B) Title and av	rerage hours po	er	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and
35		eley park blvd		preside:			0	& deferred compensation	other allowances
kensington, CA s. dick sargon 41 sutter st, #1534 san francisco, CA 94104			secretary 3			0	0	0	
sargon shabbas 41 sutter st., #1534 san francisco, CA 94104			treasurer 4 0 0			0			
	ncoln m	nalik st., #1534		vice-president 4					

(A) Name and address	week devoted to position	(If not paid, enter -0-)	employee benefit plans & deferred compensation	account and other allowances	
narsai david	president		·		
350 berkeley park blvd	4				
kensington, CA		0	0	0	
s. dick sargon	secretary				
41 sutter st, #1534	3				
san francisco, CA 94104		0	0	0	
sargon shabbas	treasurer				
41 sutter st., #1534	4				
san francisco, CA 94104		0	0	0	
lincoln malik	vice-president				
41 sutter st., #1534	4				
san francisco, CA 94104		0	0	0	
				,	
	1				

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?.....

Telephone no. ▶ 510 - 763 - 4880

N/A

ZIP+4 ▶ 94104

List the states with which a copy of this return is filed ▶ See Statement 1

Located at ▶ 41 sutter st, #1534, san francisco, ca

The books are in care of ▶ sargon shabbas

90

######################################	awaai.	Analysis of income-producing Acti						,	
Enter	gross	amounts unless otherwise indicated.	Unrelated b	ousiness income	Excluded by	ection 512, 5	3, or 514	(E)	
			(A)	(B)	(C)	(D)	Related or exempt	
93	Progra	am service revenue:	Business code	2 2	Exclusion cod		ount	function income	
а									
b						+			
					-	+			
C									
d									
е									
f									
g	Fees a	and contracts from government agencies							
94	Memb	pership dues and assessments							
95		st on savings and temporary cash investments				_			
		ends and interest from securities			-	-			

		ental income or (loss) from real estate:						1	
а	debt-	financed property							
b	not de	ebt-financed property							
98	Net re	ental income or (loss) from personal property							
99	Other	investment income							
		or (loss) from sales of assets other than inventory.							
		come or (loss) from special events			-				
					-				
		profit or (loss) from sales of inventory							
103	Other	revenue: a							
b									
C									
d									
е									
104	Subto	tal (add (columns (B), (D), and (E))				***			
		(add line 104, columns (B), (D), and (E))				***		0	
		105 plus line 1d, Part I, should equal the amount of							
	t VIII								
Line	No.	Explain how each activity for which income is rep	ported in column	(E) of Part VII contri	buted importan	tly to the ac	complishm	nent of the	
		organization's exempt purposes (other than by p	roviding funds fo	r such purposes).					
		N/A							
Par	t IX	Information Regarding Taxable Sub	sidiaries (Con	nnlete this Part if th	ne "Vee" hoy o	n line 99 ie	chacked	\	
			Percentage of					i	
		Name, address, and employer identification number of corporation or partnership	ownership	Nature business ac			otal ome	End-of-year	
NT / 7		Trained of our portation of partitioning	interest	Dusiliess ac		1110	Jille	assets	
N/A	<u> </u>		%						
			%						
			%						
			%						
		Under penalties of perjury, I declare that I have e	evamined this retu	urn including accom	nonvina sahad	ulos and et	tomonto	and to the best of my	
Plea		knowledge and belief, it is true, correct, and com	nlete Declaration	n of preparer (other	than officer) is I	nasad on al	informatic	and to the best of my	
		has any knowledge. (See General Instructions, p		To preparer (other	man onicer) is i	Jaseu on ai	illioillauc	on or which preparer	
Sign		, and any minimize gor (coo donoral moradiscione, p	.ugo 0.)						
Here	•								
		Signature of officer		Date		Type or print name and title.			
		Preparer's		Date		ck if	Preparer's SSN		
Paid		signature DONALD J. LAZAR			self emp	loyed ▶ □	551-9	90-3595	
Prepa	arer's	. Donald J. La	zar. Acci	ntncy Corp			4-3066		
Use C		Firm's name (or yours if self-employed) 66 Bovet Roa		7 3020	- I	, ,			
		and address San Mateo, C					1100		
		Ball Mateo, C	-Ca		ZIP	+4 ▶ 94	±4UZ		

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

See separate instructions.

Must be completed by the above organizations and attached to their Form 990 (or 990–EZ).

OMB No. 1545-0047

Employer identification number

1996

Assyrian Aid Society of America, Inc. 94-3147517 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more than \$50,000 account and other (c) Compensation employee benefit plans & per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 ▶ Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions on page 1. List each one (whether individuals or firms.) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of others receiving over \$50,000 for

P	Part III Statements Abou	ut Activities		Yes	No					
1	influence public opinion on a leg	ration attempted to influence national, state, or local legislation, including any attempt to gislative matter or referendum?	1		х					
	If "Yes," enter the total expenses	s paid or incurred in connection with the lobbying activities. > \$								
	Organizations that made an electrocking "Yes," must complete	ction under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations Part VI-B AND attach a statement giving a detailed description of the lobbying activities.								
2	directors, officers, creators, key	ration, either directly or indirectly, engaged in any of the following acts with any of its trustees, employees, or members of their families, or with any taxable organization with which any such director, trustee, majority owner, or principal beneficiary:								
а	a Sale, exchange, or leasing of pr	operty?	2a		Х					
b	b Lending of money or other exter	nsion of credit?	2b		х					
С	c Furnishing of goods, services, o	r facilities?	2c		х					
d	d Payment of compensation (or pa	ayment or reimbursement of expenses if more than \$1,000)?	2d	,	Х					
е	e Transfer of any part of its incom-	e or assets?	2e		x					
		"Yes," attach a detailed statement explaining the transactions.			- 21					
3	Does the organization make gra	nts for scholarships, fellowships, student loans, etc.?	3		x					
4	 Attach a statement to explain ho in furtherance of its charitable presented. 	ow the organization determines that individuals or organizations receiving grants or loans from it rograms qualify to receive payments. (See instructions on page 2.)								
P	Part IV Reason for Non-	Private Foundation Status (See instructions on pages 2 through 4.)								
The	e organization is not a private found	lation because it is (please check only ONE applicable box):								
		hes, or association of churches. Section 170(b)(1)(A)(i).								
	_	(ii). (Also complete Part V, page 4.)								
7	A hospital or a cooperative ho	spital service organization. Section 170(b)(1)(A)(iii).								
8	A Federal, state, or local gover	rnment or governmental unit. Section 170(b)(1)(A)(v).								
9	☐ A medical research organization ▶	on operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and	nd sta	ate						
10	An organization operated for the (Also complete the Support S	he benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) chedule in Part IV-A.)).							
11a	An organization that normally section 170(b)(1)(A)(vi). (Also	receives a substantial part of its support from a governmental unit or from the general public. complete the Support Schedule in Part IV-A.)								
11b	b A community trust. Section 17	0(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12	activities related to its charitab investment income and unrela	receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipted, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from groated business taxable income (less section 511 tax) from businesses acquired by the organization after 19(a)(2). (Also complete the Support Schedule in Part IV—A.)	s fron	n						
13	An organization that is not con (1) lines 5 through 12 above; of	ntrolled by any disqualified persons (other than foundation managers) and supports organizations described (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	ribed	in:						
	Provide	the following information about the supported organizations. (See instructions on page 4.)								
	(a) Name(s) of supported organization(s) (b) Lin from									
14	☐ An organization organized and	d operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)		_						

Schedule A (Form 990) 1996

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

	Note: You may use the worksheet in the i	nstructions for conv	erting from the acc	rual to the cash meth	od of accounting.	
Calen	dar year (or fiscal year beginning in)	(a) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	204,957	209,813	116,999	121,810	653,579
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				5,034	5,034
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 business acquired by the organization after June 30, 1975	289	280		,	
19	Net income from unrelated business activities not included in line 18	209	200			569
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		,			
22	Other income. Attach a sch. Do not include gain (loss) from sale of capital assets					
23	Total of lines 15 through 22	205,246		116,999	126,844	659,182
24	Line 23 minus line 17	205,246	210,093	116,999	121,810	654,148
25	Enter 1% of line 23	2,052	2,101	1,170	1,268	
26	Organizations described in lines 10 or 11: a	Enter 2% of amount	nt in column (e), lin	e 24	▶ 268	13,083
b	Attach a list (which is not open to public inspection (other than a government unit or publicly supporte the amount shown in line 26a. Enter the sum of all	d organization) who	se total gifts for 19	92 through 1995 exce	eded)
C	Total support for section 509(a)(1) test: Enter line 2	24, column (e)			▶ 260	\$ 654,148
d	<u> </u>	569	19 \$			
	22 \$		26b \$		▶ 260	s 569
е	Public support (line 26c minus line 26d total)					\$ 653,579
f	Public support percentage (line 26e (numerator)) divided by line 26	c (denominator)).		▶ 261	99.91%
27	Organizations described on line 12: a For an list to show the name of, and total amounts receive N/A (1995) (1994)	ed in each year from	n each "disqualified	person." Enter the su	im of such amount	s for each year:
b	For any amount included in line 17 that was receiveach year, that was more than the larger of (1) the 5 through 11, as well as individuals.) After computenter the sum of all these differences (the excess a	amount on line 25 amount on line 25	for the year or (2) s between the amou	\$5,000. (Include in the	list organizations	described in lines
	(1995)(1994)		(1993)		(1992)	
С	Add: Amounts from column (e) for lines: 19	5 \$	16 <u>\$</u> 21 \$: s -
d	Add: Line 27a total \$	and line 27b tota	· · · · · · · · · · · · · · · · · · ·		▶ 270	1 \$
е	Public support (line 27c total minus line 27d total).				▶ 27€	\$
f	Total support for section 509(a)(2) test: Enter amou					
g	Public support percentage (line 27e (numerator)					y %
h	Investment income percentage (line 18, column					
28	Unusual Grants: For an organization described in	line 10, 11, or 12 th	at received any un	nusual grants during 1	992 through 1995,	attach a list (which

is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the

nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)

Part V

Private School Questionnaire (See instructions on page 4.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N	T/A		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 scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		I
32				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		_
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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:			
00	boes the diganization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		_
С	Employment of faculty or administrative staff?	33c		_
d	Scholarships or other financial assistance?	33d		_
е	Educational policies?	33e		
f	Use of facilities?	33f		_
g	Athletic programs?	33g		-
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				T
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Hen the ergenization's right to such aid over been revoked or such and do	045		
D	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
				T
35	Does the organization certify that it has complied with 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	35		

Schedule A (Form 990) 1996								Page 5		
Part VI-A Lobbying Expenditures by EI (To be completed ONLY by an eligible	ecting Public C organization that file	Charities (See insted Form 5768)	ructions on pa	ge 6.)	N/I	A				
Check here ▶ a ☐ if the organization belongs to an										
Check here ▶ b ☐ if you checked "a" above and "	-					(a)		(b)		
Limits on Lobbyin (The term "expenditures" mean						ted gro totals	oup	To be completed for ALL electing organizations		
36 Total lobbying expenditures to influence public opin				36				G		
37 Total lobbying expenditures to influence a legislative				37				1		
38 Total lobbying expenditures (add lines 36 and 37).				38						
39 Other exempt purpose expenditures				39						
	10 Total exempt purpose expenditures (add lines 38 and 39)									
	e lobbying nontaxa									
Not over \$500,000										
Over \$500,000 but not over \$1,000,000 \$10										
Over \$1,000,000 but not over \$1,500,000 \$17				41						
Over \$1,500,000 but not over \$17,000,000 \$22		,	,							
Over \$17,000,000\$1, 42 Grassroots nontaxable amount (enter 25% of line 4				42						
43 Subtract line 42 from line 36. Enter -0- if line 42 is r				43						
	Subtract line 41 from line 38. Enter –0– if line 41 is more than line 38.									
Caution: If there is an amount on either line 43 or I	line 44, file Form 472	20.								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 8.)										
		Lobbying Expendi	itures During	4-Yea	r Avera	ging P	eriod			
Calendar year (or fiscal year beginning in)	(a) 1996	(b) 1995	(c) 1994			(d) 1993		(e) Total		
45 Lobbying nontaxable amount										
46 Lobbying ceiling amount (150% of line 45(e))										
47 Total lobbying expenditures										
48 Grassroots nontaxable amount										
10. Oznaza da politica proporti (4500) p(lipe 40(a))										
49 Grassroots ceiling amount (150% of line 48(e))										
50 Grassroots lobbying expenditures										
Part VI-B Lobbying Activity by Noneled (For reporting only by organizations the			uctions on pag	e 8.)						
During the year, did the organization attempt to influence influence public opinion on a legislative matter or reference.			ding any attem	pt to		Yes	No	Amount		
a Volunteers										
b Paid staff or management (Include compensation in		_								
c Media advertisements										
Publications, or published or broadcast statements.										
f Grants to other organizations for lobbying purposes										
g Direct contact with legislators, their staffs, government										
h Rallies, demonstrations, seminars, conventions, spe										
i Total lobbying expenditures (add lines c through h)										
If "Yes" to any of the above, also attach a statement	giving a detailed de	escription of the lobb	ying activities.							

Schedule A (Form 990) 1996

Part V	Information Exempt Org	Regarding Transfers anizations	To and Transactions an	d Relationships With Noncharitable	;		
51 Did	the reporting organiza	tion directly or indirectly eng	age in any of the following with a	any other organization described in section 501	(c)		
			itable exempt organization of:	Silical organizations:	ſ	Yes	No
					54-43	res	_
					51a(i)		X
					a(ii)		X
	er transactions:						
					b(i)		X
(ii)	Purchases of assets f	rom a noncharitable exempt	organization		b(ii)		X
(iii)	Rental of facilities or e	equipment			b(iii)		X
(iv)	Reimbursement arran	gements			b(iv)		Х
					b(v)		Х
							X
							X
d If th of th	e answer to any of the ne goods, other assets	above is "Yes," complete the or services given by the rep	e following schedule. Column (b) should always show the fair market value ization received less than fair market value other assets, or services received.			2
(a) Line no.	(b) Amount involved	Name of noncharita	(c) uble exempt organization	(d) Description of transfers, transactions, and sha	rino arra	ngem	ents
N/A				and single state of the state o			5.10
/ 11							
						-	
				*			
				,			
of th	ne Code (other than se es," complete the follo	ection 501(c)(3)) or in section wing schedule.	1 527?	empt organizations described in section 501(c)	🗆 Ye	es 🏻	No.
NT / 7N	(a) Name of org		(b) Type of organization	(c) Description of relationship)		
N/A							
			1				

1996 **Federal Statements** Page 1 Client 191 Assyrian Aid Society of America, Inc. 94-3147517 Statement 1 Form 990, Part VI, Line 90 List of states which this return is filed CALIFORNIA