,				LENT.CC)PI	¥ _		OMB No. 1545-0047
Form 9	90		Return of Organization Under section 501(c) of the Inter	nal Revenue Code (exe	m Ir cept b	lack lung benefit		1998
	nt of the Treasury		trust or private foundation) or s		-			This Form is Open to Public
	evenue Service		Note: The organization may have to use a	100				Inspection
			ar, OR tax year period beginning 10	/01 ,1998,a	and er	nding 97	30	, 19 99
Check	1150	ase IRS	e					yer identification number
		el or ntor	ASSYRIAN AID SOCIETY	OF AMEDICA	TN	-		47517
	ty	pe.	350 BERKELEY PARK BLV		TINC		E reiepr	ione number
Amend			BERKELEY, CA 94707				F Check	► ☐ if exemption application is pending
	-) < (insert number) OR				
			npt organizations and 4947(a)(1) nonexen		_			
			ed for affiliates?					es," enter four-digit group
						counting method:		h Accrual
			filed by an organization covered by a	🛛 Yes 🖾 No		Other (specify)		n 🗆 Accruai
			organization's gross receipts are normally n					In with the IDS.
			0 Package in the mail, it should file a return					
			used by organizations with gross receipts le					
Part			Expenses, and Changes in Net A					
1			s, grants, and similar amounts received:					
			ort		1a	162,4	189	
			pport					
	-		ibutions (grants)	The PL PRO AL MUSICIPAL AND AN ANALYSIS AN ANALYSIS AND AN ANALYSIS AND				
	d Total (add lin	les 1a	a through 1c) (attach schedule of contributo	ors)				
	(cash \$	1	53,418 noncash \$ 9,	071)			1d	162,489
2	Program service revenue including government fees and contracts (from Part VII, line 93)						2	
3	Membership	dues	and assessments				3	
4			s and temporary cash investments					10,265
5			erest from securities				5	
			ses					
			or (loss) (subtract line 6b from line 6a)		••••	• • • • • • • • • • • • • • • • • •		
	Other investm	nenti	income (describe ►) 7	
NU 8				(A) Securities		(B) Other		
Ĕ			n sale of assets other than inventory		8a			
			basis and sales expenses		8b			
		•			8C	L		
9			(combine line 8c, columns (A) and (B)) d activities (attach schedule)	••••••	••••		8d	
				ontributions				
			a)		02	ſ		
			a)					
		-	ses other than fundraising expenses				9c	
1			entory, less returns and allowances			1		,
			ls sold					
		-	s) from sales of inventory (attach schedule			0a)	10	c .
11			om Part VII, line 103)					
12			dd lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, an					
			(from line 44, column (B))					
E 13 P 14 E 15 S 16 S 17	-		general (from line 44, column (C))					
E 15			line 44, column (D))					
S 16			tes (attach schedule)					
s 17			add lines 16 and 44, column (A))					
			for the year (subtract line 17 from line 12).					
A 18 N S 19 E E 20			balances at beginning of year (from line 72).					
			net assets or fund balances (attach explanation)					
s 21			balances at end of year (combine lines 18					
		iunc	buildinges at end of year (compline intes 10	, 10, and 20)			21	1 139,100

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

Form 990 (1998) ASSYRIAN AID SOCIETY OF AMERICA, INC. Part II Statement of All organizations must complete column (A) Columns (A)

Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 17.)

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 (att. sch.)					
(cash \$	22				
	23	221,739	221,739		
Benefits paid to or for members (att. sch.)	24				
5 Compensation of officers, directors, etc	25				
6 Other salaries and wages	26	15,121	10,585	4,536	
7 Pension plan contributions	27				
B Other employee benefits	28				
9 Payroll taxes	29	1,571	1,100	471	
Professional fundraising fees	30				
1 Accounting fees	31	150		150	
2 Legal fees	32	222		222	
3 Supplies	33	1,187		1,187	
4 Telephone	34	1,036		1,036	
5 Postage and shipping	35	1,968		1,968	
6 Occupancy	36	2,220	1,110	1,110	5 500 8 50 C
7 Equipment rental and maintenance	37		,		
B Printing and publications		5,032	2,516	2,516	
9 Travel	39		,	_, /	
O Conferences, conventions, and meetings	40	4,221		4,221	
1 Interest	41			-,	
2 Depreciation, depletion, etc. (attach schedule)	42	996		996	
3 Other expenses (itemize): a BANK & WIRE	43a	511		511	
b DICTIONARY FUND	43b	8,865	8,865		and the second
c FEES	43c	584	584		
d INSURANCE	43d	2,210		2,210	
e	43e			2,210	
-					
 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15. Reporting of Joint Costs Did you report in column (B) and fundraising solicitation? 					► 🛛 Yes 🖾 No
Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15 eporting of Joint Costs. – Did you report in column (B) ind fundraising solicitation?	(Progr	am services) any joint cos ; (ii) f ; and (iv) plishments (See Sp TO ASSYRIAN R nts in a clear and concise not measurable. (Section s	ts from a combined edu- the amount allocated to the amount allocated to recific Instructions on pa EFUGEES manner. State the num 501(c)(3) and (4) organiz	Program services \$ Fundraising \$ ge 20.)	► Yes No ; Program Service Expenses (Required for 501(c)(3) and (4) orgs. and
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Pa	art IV	Balance Sheets (See Specific Instructions on page 20	.)			
N	lote:			(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		251,496	46	157,613
	47 a	Accounts receivable	47a			
		Less: allowance for doubtful accounts			47c	
	48 a	Pledges receivable				
		Less: allowance for doubtful accounts			48c	
	49	Grants receivable			400	
	50	Receivables from officers, directors, trustees, and key employees (a				
Α					50	
S		Other notes and loans receivable (attach schedule)				
SE		Less: allowance for doubtful accounts			51C	
E	52	Inventories for sale or use			52	
S	53	Prepaid expenses and deferred charges			53	
	54	Investments – securities (attach schedule)	••••••		54	
	55 a	Investments - land, buildings, and equipment:				
		basis				
	b	Less: accumulated depreciation (attach schedule)	55b		55C	
		Investments – other (attach schedule)			56	
		Land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule) $STMT. \ldots 2$	57b 1,618	2,489	57c	1,493
	58	Other assets (describe >)		58	5
	59	Total assets (add lines 45 through 58) (must equal line 74)		253,985	59	159,106
	60	Accounts payable and accrued expenses		2007000	60	
Ļ	61	Grants payable			61	
Å	62	Deferred revenue			62	
в	63	Loans from officers, directors, trustees, and key employees (attach			63	and a second
L		Tax-exempt bond liabilities (attach schedule)			64a	
L		Mortgages and other notes payable (attach schedule)			64b	· · · · · · · · · · · · · · · · · · ·
T					65	
ES	0.5				05	
5	66	Total liabilities (add lines 60 through 65)		0	66	0
N		anizations that follow SFAS 117, check here > and complete		0	00	0
Ë	Org	and lines 73 and 74.	intes of through og			
	67	Unrestricted				
S		Temporarily restricted			67	
ASSETS	68				68	
s	69 0	Permanently restricted.			69	
0 R	Urg	anizations that do not follow SFAS 117, check here > 🛛 and o through 74.	complete lines 70			
FU	70	Capital stock, trust principal, or current funds			70	
ND	71	Paid-in or capital surplus, or land, building, and equipment fund.		71		
	72	Retained earnings, endowment, accumulated income, or other fun	ds	253,985	72	159,106
BALANCES	73	Total net assets or fund balances (add lines 67 through 69 OR li	nes 70 through 72:			
Ā		column (A) must equal line 19 and column (B) must equal line 21)		253,985	73	159,106
CE						
S	74	Total liabilities and net assets/fund balances (add lines 66 and	73)	253,985	74	159,106

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

Form 990 (1998)	ASSYRIAN	AID	SOCIETY	OF	AMERICA,	INC

94-3147517 Page 4 Part IV-A Reconciliation of Revenue per Audited Part IV-B **Reconciliation of Expenses per Audited** Financial Statements with Revenue per Financial Statements with Expenses per Return (See Specific Instructions, page 22.) Return Total revenue, gains, and other support а а Total expenses and losses per audited per audited financial statements a N/A N/A a Amounts included on line a but not on h b Amounts included on line a but not on line 12, Form 990: line 17, Form 990: (1) Net unrealized gains (1) Donated services on investments \$ and use of facilities.... \$ (2) Donated services (2) Prior year adjustments and use of facilities . . \$ reported on line 20, Form 990 \$ (3) Recoveries of prior year grants \$ (3) Losses reported on (4) Other (specify): line 20, Form 990 \$ (4) Other (specify): Add amounts on lines (1) through (4) b Add amounts on lines (1) through (4) b Line a minus line b b c C Line a minus line b > С c Amounts included on line 12, Form 990 but d d Amounts included on line 17. not on line a: Form 990 but not on line a: (1) Investment expenses (1) Investment expenses not not included on included on line 6b, line 6b, Form 990 ... \$ Form 990 \$ (2) Other (specify): (2) Other (specify): Add amounts on lines (1) and (2) | d Add amounts on lines (1) and (2) ► d Total revenue per line 12, Form 990 e Total expenses per line 17, Form 990 (line c plus line d) ▶ e ► e Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22.) (D) Contributions to (B) Title and average hours per (E) Expense (C) Compensation (A) Name and address employee benefit plans account and week devoted to position (If not paid, enter -0-.) & deferred compensation other allowances NARSAI DAVID PRESIDENT 350 BERKELEY PARK BLVD 5 KENSINGTON, CA 94707 0 0 0 SARGON SHABBAS SCTY/TREASR 41 SUTTER ST., #1534 5 SAN FRANCISCO, CA 94104 0 0 0 LINCOLN MALIK VICE-PRES 41 SUTTER ST., #1534 5 SAN FRANCISCO, CA 94104 0 0 0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?..... Very 🛛 Yes If "Yes," attach schedule - see Specific Instructions on page 22.

Form 990 (1998) ASSYRIAN AID SOCIETY OF AMERICA, INC.

94-3147517	Page 5

Pa	rt VI Other Information (See Specific Instructions on page 23.)				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed d each activity	-		76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	• • • • • •		77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this ret	turn?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	N	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through					
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		•••••	80a		X
b	If "Yes," enter the name of the organization ► N/A and check whether it is □ ex	omnt C				
01 0	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.		0 nonexempt.			
	Did the organization file Form 1120–POL for this year?			81b		X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge					
82 a	less than fair rental value?			82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in		NT / N			
	Part I or as an expense in Part II. (See instructions for reporting in Part III.)		N/A		v	
	Did the organization comply with the public inspection requirements for returns and exemption application			83a 83b	X X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?			84a	A	X
				040		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions of tax deductible?			84b	N	A
85	501(c)(4), (5), or (6) organizations. – a Were substantially all dues nondeductible by members?			85a		A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b		A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizat	ion rece	eived			
	a waiver for proxy tax owed for the prior year.		/-			
C	Dues, assessments, and similar amounts from members		N/A	-		
d			<u>N/A</u> N/A	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?			85g	N	A
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to i					<u></u>
	of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			85h	N	A
86	501(c)(7) organizations Enter:					
	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	86b	N/A			
87	501(c)(12) organizations. – Enter:		NT / 7			
	Gross income from members or shareholders	87a	N/A	-		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or If "Yes," complete Part IX			88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:		0			
	section 4911▶0 ; section 4912 ▶0 ; section 4955 ▶		0			
b	501(c)(3) and 501(c)(4) organizations. – Did the organization engage in any section 4958 excess benefit the year? If "Yes," attach a statement explaining each transaction			89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					0
	Enter: Amount of tax in 89c, above, reimbursed by the organization.		· · · · · · · · · · · · · · · · · · ·			0
	List the states with which a copy of this return is filed CALIFORNIA					
	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)			90b	000	0
91			one no. ▶ <u>510-76</u> ▶ 94707	5-4	000	,
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here					
52	and enter the amount of tax-exempt interest received or accrued during the tax year.					-

Form 990 (1998) ASSYRIAN AID SOCIETY OF AMERICA, INC.

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Enter gros	s amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 5	13, or 514	(E)
		(A)	(B)	(C)	(D		Related or exempt
93 Prog	ram service revenue:	Business code	Amount	Exclusion cod	le Amo	unt	function income
a							
e				+			
	care/Medicaid payments						
-	and contracts from government agencies						
	bership dues and assessments						10.00
	est on savings & temporary cash investments						10,265
	ends and interest from securities						
	ental income or (loss) from real estate:			- <u></u>			
	-financed property		,				
	lebt-financed property						
	ental income or (loss) from personal property						
	r investment income						
	/loss from sales of assets other than inventory						
	ncome or (loss) from special events						
	s profit or (loss) from sales of inventory						
03 Othe	r revenue: a						
b							
d							
e							
04 Subt	otal (add (columns (B), (D), and (E))						10,265
05 Tota	I (add line 104, columns (B), (D), and (E))				🕨		10,265
	ne 105 plus line 1d, Part I, should equal the an						
	II Relationship of Activities to the			the second se			
Line No					antly to the acc	complishme	nt of the
	organization's exempt purposes (other than	by providing fur	ids for such purposes).	•			
	N/A						
							ч.
×							
Part I)	Information Regarding Taxable	Subsidiaries	(Complete this Part i	f the "Yes" box	x on line 88 is	checked.)	
	Name, address, and employer identification	Percentage o ownership	f Nature	of	То	tal	End-of-year
	number of corporation or partnership	interest	business ad	ctivities	inco	ome	assets
N/A			%				
			%				9
			%				
			%				
	Under penalties of perjury, I declare that I	nave examined th	nis return including acc	ompanying sch	edules and sta	tements ar	d to the best of my
Please	knowledge and belief, it is true, correct, an	d complete. Decl	aration of preparer (oth	er than officer)	is based on all	information	of which preparer
Sign	has any knowledge. (See General Instruction			,			
Here							
nere	Signature of officer		Date		Type or print n	ame and title	
			Date		Check if	Preparer's S	SN
_	Preparer's signature		Date	1	self-		
Paid	DANNER T	דאסאס			employed >		0-3595
Preparer	Firm's name (or	ROAD #31	ACCNTNCY COF	(P	EIN ▶ 94·	-30664	44
Lise Only	Lyours if call amployed) = 66 B()VH''	RUAL #310	J				
Use Only	and address and address AN MATEO				ZIP+4 ▶ 944	100	

SCHEDULE		ation Exempt Under S Private Foundation) and Section			5)		OMB No. 1545-0047		
(Form 990)	e Treasury	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.							
Internal Revenue		the above organizations and at	tache	d to their Form 99	90 or 99				
-	N AID SOCIETY OF AME	PTCA INC				Employer identific			
	Compensation of the Five High			han Officera	Directo	94-314			
	(See instructions on page 1. List each on	ie. If there are none, enter "None."	")	nan Omcers, i	Jirecia	ors, and true	stees		
	dress of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position) Compensation	employe	ontributions to e benefit plans & d compensation	(e) Expense account and other allowances		
NONE		-							
-									
				-					
*									
		_				2			
	of other employees paid over \$50,000	0							
Part II	Compensation of the Five High (See instructions on page 1. List each on	e (whether individuals or firms.) If	ontra there	are none, enter "N	ession lone.")	al Services			
	(a) Name and address of each independent contr	actor paid more than \$50,000		(b) Ту	pe of serv	ice	(c) Compensation		
NONE									
		•							
		*. 							
ı									
	of others receiving over \$50,000 for rvices		0						

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Sche	dule A (Form 990) 1998 ASSYRIAN AID SOCIETY OF AMERICA, INC. 94-3147	7517	7	Page 2
P	art III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2C		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)			
P	art IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)			
5 6 7 8	organization is not a private foundation because it is: (Please check only ONE applicable box): A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, a	and sta	ate	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmenta	/).		

11a 🛛 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV–A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV–A.)

An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in:
 (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

 Provide the following information about the supported organizations. (See instructions on page 4.)	
(a) Name(s) of supported organization(s)	(b) Line number from above

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

Schedule A (Form 990) 1998 ASSYRIAN AID SOCIETY OF AMERICA, INC.

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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.

	dar year cal year beginning in) ▶	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
rec	its, grants, and contributions beived. (Do not include unusual ants. See line 28.)	421,409	188,125	204,957	209,813	1,024,304
	embership fees received					
17 Gro mei or f	oss receipts from admissions, rchandise sold or services performed, furnishing of facilities in any activity it is not a business unrelated to the ganization's charitable, etc., purpose					
am sec roy inc but	oss income from interest, dividends, ounts received from payments on curities (section 512(a)(5)), rents, alties, and unrelated business taxable ome (less section 511 taxes) from sinesses acquired by the organization er June 30, 1975	8,250	128	289	280	8,947
	t income from unrelated business tivities not included in line 18					
or	x revenues levied for the ganization's benefit and either id to it or expended on its behalf					
to wit of	e value of services or facilities furnished the organization by a governmental unit thout charge. Do not include the value services or facilities generally furnished the public without charge					
ind	ther income. Attach a sch. Do not clude gain or (loss) from sale of apital assets					
23 To	otal of lines 15 through 22	429,659	188,253			
24 Li	ne 23 minus line 17	429,659				
25 Er	nter 1% of line 23	4,297			2,101 ▶ 26a	
b c	Attach a list (which is not open to (other than a government unit or the amount shown in line 26a. En Total support for section 509(a)(1	publicly supported organter the sum of all these	nization) whose total gift excess amounts	s for 1994 through 1997	exceeded 26b	
d	Add: Amounts from column (e) for					
		22	26b			8,947
е	Public support (line 26c minus lir	ne 26d total)			266	1,024,304
f	Public support percentage (line					99.13%
27	Organizations described on lin list to show the name of, and tot N/A	e 12: a For amounts	included in lines 15, 16	, and 17 that were receiv	ed from a "disqualified p	person," attach a
	(1997)	(1996)	(199	5)	(1994)	
b	For any amount included in line each year, that was more than the 5 through 11, as well as individue enter the sum of all these differe	17 that was received fr ne larger of (1) the amou uals.) After computing th nces (the excess amour	om a nondisqualified pe unt on line 25 for the yea ne difference between th ts) for each year:	erson, attach a list to sho r or (2) \$5,000. (Include he amount received and	w the name of, and amo in the list organizations the larger amount descr	bunt received for described in lines ibed in (1) or (2),
	(1997)					
c	Add: Amounts from column (e) 1 17	or lines: 15	1	6		
	17	20	2			
d	Add: Line 27a total	an	d line 27b total		[270	
e	Public support (line 27c total mi					в
f	Total support for section 509(a)(a %
9						
h	Investment income percentag	e (line 18, column (e) (l	numerator) divided by I	me 2/1 (denominator)).		7

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, 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.)

Sche	edule A (Form 990) 1998 ASSYRIAN AID SOCIETY OF AMERICA, INC. 94-3147	517	F	Page 4
	art V (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
N	I/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?	31		T
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	200		T T
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		-
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			I
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?	33c		
d	Scholarships or other financial assistance?	33d		-
	Educational policies?	33e	-	-
	Use of facilities?			_
	Athletic programs?			-
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.)			
			ſ	T
34 a	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.		1	1
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	35		

.

Sch	edule A (Form 990) 1998 ASSYRIAN AID SOCIETY OF AMERICA, INC.		94-31	47517 Page 5
P	art VI-A Lobbying Expenditures by Electing Public Charities (See instructions or (To be completed ONLY by an eligible organization that filed Form 5768)	n page	e6.) N/A	
Ch	eck here > a if the organization belongs to an affiliated group.			
Ch	eck here 🕨 b 🔲 if you checked "a" above and "limited control" provisions apply.			
	Limits on Lobbying Expenditures		(a) Affiliated group	(b) To be completed
	(The term "expenditures" means amounts paid or incurred.)		totals	for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is – The lobbying nontaxable amount is –			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 {			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 {			
	Over \$17,000,000			
42				
43				
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 7.)

		Lobbying Expend	itures During 4-Year A	veraging Pe	riod		
Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d 199			(e) Total
45 Lobbying nontaxable amount							
46 Lobbying ceiling amount (150% of line 45(e))							2 ⁷
47 Total lobbying expenditures							5
48 Grassroots nontaxable amount							
49 Grassroots ceiling amount (150% of line 48(e))							
50 Grassroots lobbying expenditures .							
Part VI-B Lobbying Activity (For reporting only by o	by Nonelecting Pur rganizations that did not	ublic Charities N/A complete Part VI-A) (Se	e instructions on page 8	.)			
During the year, did the organization atte influence public opinion on a legislative n	mpt to influence nationa natter or referendum, thr	I, state or local legislation ough the use of:	, including any attempt	to	Yes	No	Amount
a Volunteers							
b Paid staff or management (Include co	mpensation in expenses	reported on lines c thro	ugh h.)				
c Media advertisements							
d Mailings to members, legislators, or th							
e Publications, or published or broadca							
f Grants to other organizations for lobb							
g Direct contact with legislators, their sta							
h Rallies, demonstrations, seminars, co							
i Total lobbying expenditures (add line	s c unougn n)	•••••					

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

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

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

a Transfers from the reporting organization to a noncharitable exempt organization of:	[Yes	No
(i) Cash	1a(i)		X
(ii) Other assetsa	a(ii)		Х
b Other transactions:			
(i) Sales of assets to a noncharitable exempt organization k	b(i)		Х
(ii) Purchases of assets from a noncharitable exempt organization b	o(ii)		X
(iii) Rental of facilities or equipment b	(iii)		Х
(iv) Reimbursement arrangements b	(iv)		Х
(v) Loans or loan guarantees)(V)		Х
(vi) Performance of services or membership or fundraising solicitations b	(vi)		Х
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	С		Х

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			
		2	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
	1	
· · · · · · · · · · · · · · · · · · ·		

Form	4562	990 (Depreciati					омв No. 1545-0172 1998
	rtment of the Treasury al Revenue Service (99)	-	eparate instructions			m to your retu	ırn.	Attachment Sequence No. 67
	(s) shown on return					-		Identifying number
	SYRIAN AID S ess or activity to which thi		AMERICA, IN	IC.				94-3147517
	RM 990/990PH	?						
P .	art I Election To	Expense Certain Tar	gible Property (Sect	tion 179) (Note: If	you have any "li	sted property," co	omplete Part V	before you complete Part I.)
	Maximum dollar limitat			-				1 \$18,500
	Total cost of section 1						-	2
	Threshold cost of sect Reduction in limitation							<u>3</u> \$200,000
5	Dollar limitation for tax	year. Subtract line 4	from line 1. If zero or	less, enter -0 If	married filing	separately,	F	
6	see page 2 of the instr	Description of property		(b) Cost (business		(c) Electe		5
	Listed property. Enter Total elected cost of s					7		8
9	Tentative deduction. E							9
10	Carryover of disallowe							10
11	Business income limita							11
12	Section 179 expense of	deduction. Add lines 9	9 and 10, but do not e	enter more than li	ne 11		· · · · · · · · · · · · ·	12
13	Carryover of disallowe							
	e: Do not use Part II or rtainment, recreation, c				vehicles, cellu	lar telephones	, certain con	nputers, or property used for
	If you are making the	election under sectior s, check this box. See	168(i)(4) to group ar	eneral Asset Ac	count Election in service dur	on ing the tax yea	r into one or	
(a)	Classification of property	(b) Month and year placed in service		ment use (d	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a	3-year property							
-	5-year property							
	7-year property							
	10-year property							
the second se	15-year property 20-year property							
	25-year property			2	5 yrs		S/L	
		aut /			.5 yrs	MM	S/L	
n	Residential rental prop	berty			.5 yrs	MM	S/L	
i	Nonresidential real pro	operty		3	9 yrs	MM	S/L	
						MM	S/L	
160	Class life	Section C	- Alternative Deprec	lation System (ADS): (See pa	age 5 of the ins	S/L	
-	12-year			1	2 yrs		S/L	
-	40-year			and an	0 yrs	MM	S/L	
		preciation (Do Not	Include Listed Prope			tions.)		
17	GDS and ADS deduc						17	996
18	Property subject to se	ection 168(f)(1) electio	n				18	
19	ACRS and other depr					· · · · · · · · · · · · · · · · · · ·	19	1
	art IV Summary		a second se					
20 21	Listed property. Enter Total. Add deduction	s on line 12, lines 15	and 16 in column (g),	and lines 17 thro	ugh 20. Ente	r here and on t	the	
22	appropriate lines of ye For assets shown abo	our return. Partnership	os & S corporations - vice during the curren	see instructions tyear, enter the	portion			996
	of the basis attributab		sts			22		Eorm 4562 (1998)

orm 4562 (1998)

1998

FEDERAL STATEMENTS

PAGE 1

ASSYRIAN AID SOCIETY OF AMERICA, INC.

94-3147517

STATEMENT 1 FORM 990, PART II, LINE 23 SPECIFIC ASSISTANCE TO INDIVIDUALS	
FOOD, SHELTER AND MEDICAL CARE	
STATEMENT 2 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT	

		ASSET		BASIS	DEPRECIATION	BOOK VALUE
MACHINERY	AND	EQUIPMENT		\$ 3,111	1,618	1,493
			TOTAL	\$ 3,111	1,618	1,493

CLIENT 191

66/02/6			1998	1998 FEDER	ERAL		PRECI	ΑΤΙΟ	N SCI	DEPRECIATION SCHEDULE	щ					PAGE 1
CLIENT 191				ASSY	RIAN /	ND SO	ASSYRIAN AID SOCIETY OF AMERICA, INC.	JF AME	RICA, IN	<u>.</u>						94-3147517
	DATE ACQUIRED	DATE	COST/ BASIS			x v	PRIOR DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	C	CURRENT DEPR.	
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1 COMPUTER EQUIPMENT	3/15/98		3,111							3,111		622 200DB HY	'n	.40000	966	
TOTAL MACHINERY AND EQUIPMENT	TN		3,111		•	0	o	0	o	3,111	1 622			: :	966	
TOTAL DEPRECIATION			3,111	i	0	0	0	0	0	3,111	622			H	966	
GRAND TOTAL DEPRECIATION			3,111	ü	0 0		0	0	0	3,111	622	.			996	