

Form 990

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

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.

A For the 1999 calendar year, OR tax year period beginning 4/01/99, and ending 3/31/00

B Check if Change of address, Initial return, Final return, Amended return (required also for state reporting) C Name of organization: Concerned Businessmen's Association of America, Inc. Number and street: 13428 Maxella Avenue. City: Marina del Rey, CA 90292. D Employer ID number: 95-3658314. E Telephone number: 310-821-8073. F Check if exemption appln. is pending.

G Type of organization - [X] Exempt under section 501(c) (3) < (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) [] Cash [X] Accrual J Accounting method: [] Cash [X] Accrual (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 313,470 and total expenses are 328,642, resulting in a net deficit of 15,172.

INTERNAL REVENUE SERVICE FEB 24 2001 TAX ASSISTANCE CENTER WAGE AND INVESTMENT LONG BEACH, CA 90802

SCANNED MAR 23 '01

Handwritten initials/signature

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

| 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 \$ _____ non-cash \$ _____) | 22 | | | |
| 23 Specific assistance to individuals | 23 | | | |
| 24 Benefits paid to or for members | 24 | | | |
| 25 Compensation of officers, directors, etc | 25 | 61,584 | 2,878 | 11,510 |
| 26 Other salaries and wages | 26 | 12,940 | 5,344 | 1,227 |
| 27 Pension plan contributions | 27 | | | |
| 28 Other employee benefits | 28 | | | |
| 29 Payroll taxes | 29 | 4,169 | 459 | 708 |
| 30 Professional fundraising fees | 30 | 9,995 | | 9,995 |
| 31 Accounting fees | 31 | 15,837 | 15,837 | |
| 32 Legal fees | 32 | | | |
| 33 Supplies | 33 | 15,833 | 15,239 | 594 |
| 34 Telephone | 34 | 21,748 | 2,510 | 16,480 |
| 35 Postage and shipping | 35 | 31,160 | 31,160 | |
| 36 Occupancy | 36 | 1,833 | 1,833 | |
| 37 Equipment rental and maintenance | 37 | 1,248 | 1,248 | |
| 38 Printing and publications | 38 | | | |
| 39 Travel | 39 | | | |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 | 1,206 | 1,206 | |
| 42 Depreciation, depletion, etc. (att. sch) | 42 | 563 | 563 | |
| 43 Other expenses (itemize): a | 43a | | | |
| b See Statement 1 | 43b | 150,526 | 12,925 | 5,579 |
| c | 43c | | | |
| d | 43d | | | |
| e | 43e | | | |
| 44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15 | 44 | 328,642 | 43,218 | 46,093 |

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

| What is the organization's primary exempt purpose? | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|--|--|
| <p>► Social betterment</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> | |
| <p>a Sponsorship of the "Set A Good Example" contest, a campaign to eliminate drugs and violence from school grounds by promoting honesty, trust and competence.</p> <p>(Grants and allocations \$ _____)</p> | 239,331 |
| <p>b</p> <p>(Grants and allocations \$ _____)</p> | |
| <p>c</p> <p>(Grants and allocations \$ _____)</p> | |
| <p>d</p> <p>(Grants and allocations \$ _____)</p> | |
| <p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____)</p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p> | 239,331 |

Part IV Balance Sheets (See Specific Instructions on page 22.)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|---------|--------------------|---------|
| A s s e t s | 45 Cash-non-interest-bearing | | 45 | | |
| | 46 Savings and temporary cash investments | | 46 | | |
| | 47a Accounts receivable | 47a | | | |
| | b Less: allowance for doubtful accounts | 47b | | 47c | |
| | 48a Pledges receivable | 48a | | | |
| | b Less: allowance for doubtful accounts | 48b | | 48c | |
| | 49 Grants receivable | | | 49 | |
| | 50 Receivables 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 | 51b | | 51c | |
| | 52 Inventories for sale or use | | 29,707 | 52 | 22,184 |
| | 53 Prepaid expenses and deferred charges | | | 53 | |
| | 54 Investments-securities (attach schedule) | | | 54 | |
| | 55a Investments-land, buildings, and equipment: basis | 55a | | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | | 55c | |
| 56 Investments-other (attach schedule) | | | 56 | | |
| 57a Land, buildings, and equipment: basis | 57a | 17,983 | | | |
| b Less: accumulated depreciation (attach schedule) See Stmt 2 | 57b | 16,276 | 57c | 1,707 | |
| 58 Other assets (describe See Stmt 3) | | 2,472 | 58 | 2,022 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 32,739 | 59 | 25,913 | |
| L i a b i l i t i e s | 60 Accounts payable and accrued expenses | | 48,736 | 60 | 59,525 |
| | 61 Grants payable | | | 61 | |
| | 62 Deferred revenue | | | 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 | |
| | 65 Other liabilities (describe See Stmt 4) | | 3,830 | 65 | 1,387 |
| 66 Total liabilities (add lines 60 through 65) | | 52,566 | 66 | 60,912 | |
| N F e u n d A s s e t s | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | | -19,827 | 67 | -34,999 |
| | 68 Temporarily restricted | | | 68 | |
| | 69 Permanently restricted | | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) | | -19,827 | 73 | -34,999 | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 32,739 | 74 | 25,913 | |

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.

| Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.) | | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | | |
|---|----------------|---|----------------|--|
| a Total revenue, gains, and other support per audited financial statements | 313,470 | a Total expenses and losses per audited financial statements | 328,642 | |
| b Amounts included on line a but not on line 12, Form 990: | | b Amounts included on line a but not on line 17, Form 990: | | |
| (1) Net unrealized gains on investments \$ | | (1) Donated services and use of facilities \$ | | |
| (2) Donated services and use of facilities \$ | | (2) Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) Recoveries of prior year grants \$ | | (3) Losses reported on line 20, Form 990 \$ | | |
| (4) Other (specify): | | (4) Other (specify): | | |
| \$ | | \$ | | |
| Add amounts on lines (1) through (4) | | Add amounts on lines (1) through (4) | | |
| c Line a minus line b | 313,470 | c Line a minus line b | 328,642 | |
| d Amounts included on line 12, Form 990 but not on line a: | | d Amounts included on line 17, Form 990 but not on line a: | | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | | (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) Other (specify): | | (2) Other (specify): | | |
| \$ | | \$ | | |
| Add amounts on lines (1) and (2) | | Add amounts on lines (1) and (2) | | |
| e Total revenue per line 12, Form 990 (line c plus line d) | 313,470 | e Total expenses per line 17, Form 990 (line c plus line d) | 328,642 | |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contrib. to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|-------------------------------------|--|---|--|--|
| Robert Ayash Marina del Rey, CA | Chairman 0 | 0 | 0 | 0 |
| Barbara Ayash Marina del Rey, CA | CEO 60 | 19,184 | 0 | 0 |
| Ginger Lawler Canyon Country, CA | Exec Sec 60 | 42,400 | 0 | 0 |
| Murray Gould Los Angeles, CA | V. Chair 0 | 0 | 0 | 0 |
| Richard Palmquist Inglewood, CA | Sect 0 | 0 | 0 | 0 |
| John Wheatley Hartford, CT | Director 0 | 0 | 0 | 0 |
| Dennis Dubin Bryn Mawr, PA | Director 0 | 0 | 0 | 0 |
| Larry Norton Fresno, CA | Director 0 | 0 | 0 | 0 |
| Larry Miller Culver City, CA | Director 0 | 0 | 0 | 0 |
| Richard Lee Westchester, CA | Director 0 | 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? Yes No
 If "Yes," attach schedule-see Specific Instructions on page 25.

| Part VI Other Information (See Specific Instructions on page 25.) | | Yes | No |
|---|--|-----|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | 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. | | X |
| 78a | Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | X |
| b | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt. | | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a | |
| b | Did the organization file Form 1120-POL for this year? | N/A | 81b |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) | 82b | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | 83a |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | 83b |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | 84b |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | N/A | 85a |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | N/A | 85b |
| c | Dues, assessments, and similar amounts from members | 85c | |
| d | Section 162(e) lobbying and political expenditures | 85d | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | N/A | 85g |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | 85h |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | 87a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes", complete Part IX | 88 | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0 | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes", attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | 0 |
| 90a | List the states with which a copy of this return is filed <input type="checkbox"/> CA NY CT VA | | |
| b | Number of employees employed in the pay period that includes March 12, 1999 (See instr.) | 90b | 5 |
| 91 | The books are in care of <input type="checkbox"/> Barbara Ayash Telephone no. <input type="checkbox"/> 310-821-8073 Located at <input type="checkbox"/> 13428 Maxella Ave. #248, Marina del Rey ZIP + 4 <input type="checkbox"/> CA 90292 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by sec. 512, 513 or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|----------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | 2 | 10,493 | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 10,493 | 0 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 10,493 |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ● | |
| N/A | |
| | |
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Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total Income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction H, on page 14.)

Signature of officer: Barbara Ayash Date: 12/22/01 Type or print name and title: Barbara Ayash - CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/20/01 Check if self-employed: Preparer's SSN or PTIN: P00061505

Firm's name (or yours if self-employed) and address: GREENBERG AND JACKSON CPAs
2950 LOS FELIZ BOULEVARD SUITE 103
LOS ANGELES, CA EIN: 95-3387333 ZIP + 4: 90039

SCHEDULE A
(Form 990)

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.)

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Concerned Businessmen's Association
of America, Inc.**

Employer identification number

95-3658314

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee ben plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions. 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 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶

Part 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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ _____ 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. | | X |
| 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? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? | | X |
| e | Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | | X |
| 3 | Does the organization make grants for scholarships, fellowships, student loans, etc.? | | X |
| 4a | Do you have a section 403(b) annuity plan for your employees? | | 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 pg. 2 of the instr.) | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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.)
- 13** 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 page 4 of the instructions.)

| (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 page 4 of the instructions.)

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.

| Calendar year (or FY beginning in) | (a) 1998 | (b) 1997 | (c) 1996 | (d) 1995 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.) | 311,760 | 331,458 | 236,890 | 201,608 | 1,081,716 |
| 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 busn. unrelated to the organization's charitable, etc., purpose | | | | | |
| 18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facil. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets | | | | | |
| 23 Total of lines 15 through 22 | 311,760 | 331,458 | 236,890 | 201,608 | 1,081,716 |
| 24 Line 23 minus line 17 | 311,760 | 331,458 | 236,890 | 201,608 | 1,081,716 |
| 25 Enter 1% of line 23 | 3,118 | 3,315 | 2,369 | 2,016 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 21,634 |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts | | | | | 329,797 |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 1,081,716 |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b <u>329,797</u> | | | | | 329,797 |
| e Public support (line 26c minus line 26d total) | | | | | 751,919 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 69.5117% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A | | | | | |
| (1998) _____ (1997) _____ (1996) _____ (1995) _____ | | | | | |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A | | | | | |
| (1998) _____ (1997) _____ (1996) _____ (1995) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | |
| e Public support (line 27c total minus line 27d total) | | | | | |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, 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 page 4 of the instr.)

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

| | | N/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? | | | |
| 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? | | | |
| 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.) | | | |
| 32 | Does the organization maintain the following: | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | | |
| c | 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? | | | |
| | 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: | | | |
| a | Students' rights or privileges? | | | |
| b | Admissions policies? | | | |
| c | Employment of faculty or administrative staff? | | | |
| d | Scholarships or other financial assistance? | | | |
| e | Educational policies? | | | |
| f | Use of facilities? | | | |
| g | Athletic programs? | | | |
| h | Other extracurricular activities? | | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | | |
| b | Has the organization's right to such aid ever been revoked or suspended? 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 | | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here a if the organization belongs to an affiliated group.
 Check here b if you checked "a" above and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Affiliated group totals | (b) To be completed 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 | | 20% of the amount on line 40 |
| Over \$500,000 but not over \$1,000,000 | | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | 41 | \$175,000 plus 10% of the excess over \$1,000,000 |
| 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 | | \$1,000,000 |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 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, 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 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | Amount |
|---|-----|----|--------|
| | Yes | No | |
| a Volunteers | | | |
| b Paid staff or management (include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h) | | | |

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

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

| Description | Total Expenses | Program Service | Mgt & General | Fund- Raising |
|------------------------------|-------------------|--------------------|------------------|------------------|
| | \$ | \$ | \$ | \$ |
| Indirect Expense | | | | |
| AWARDS | 25,250 | 25,250 | | |
| BANK CHARGES | 356 | | 356 | |
| CREDIT CARD FEES | 2,872 | | 2,872 | |
| EDUCATIONAL BOOKLETS | 47,805 | 47,805 | | |
| EVENTS | 35,289 | 35,289 | | |
| FUNDRAISING ADMIN ASSISTANTS | 5,579 | | | 5,579 |
| INSURANCE, LICENSES, PERMITS | 1,223 | | 1,223 | |
| MAILING LISTS | 22,238 | 22,238 | | |
| OFFICE | 8,116 | | 8,116 | |
| UTILITIES | 358 | | 358 | |
| WEBSITE/COMMUNITY ED | 1,440 | 1,440 | | |
| Total | <u>\$ 150,526</u> | <u>\$ 132,022</u> | <u>\$ 12,925</u> | <u>\$ 5,579</u> |

Federal Statements**Statement 2 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

| Description | Beginning of Year | Accum Deprec | End of Year | Accum Deprec |
|------------------|----------------------|------------------|------------------|------------------|
| Office Equipment | \$ 16,273 | \$ 15,713 | \$ 17,983 | \$ 16,276 |
| Total | <u>\$ 16,273</u> | <u>\$ 15,713</u> | <u>\$ 17,983</u> | <u>\$ 16,276</u> |

Statement 3 - Form 990, Part IV, Line 58 - Other Assets

| Description | Beginning of Year | End of Year |
|------------------|----------------------|-----------------|
| Short Term Loans | \$ 2,472 | \$ 2,022 |
| Total | <u>\$ 2,472</u> | <u>\$ 2,022</u> |

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

| Description | Beginning of Year | End of Year |
|-----------------------|----------------------|-----------------|
| Payroll Taxes Payable | \$ 2,178 | \$ |
| Bank Overdraft | 1,652 | 1,387 |
| Total | <u>\$ 3,830</u> | <u>\$ 1,387</u> |

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA
95-3658314

STATEMENT 1: DEPRECIATION SCHEDULE

| DESCRIPTION | COST | DATE ACQUIRED | METHOD /LIFE | PRIOR DEPR. | CURRENT DEPR. |
|-----------------------------|--------|---------------|--------------|-------------|---------------|
| OFFICE EQUIPMENT | 11,144 | VARIOUS | S/L-5 | 11,035 | |
| COMPUTER SOFTWARE | 1,911 | VARIOUS | S/L-3 | 2,020 | |
| COMPUTER & SOFTWARE | 2,516 | 1995 | S/L-5 | 2,287 | 229 |
| OFFICE EQUIPMENT | 462 | 1996 | S/L-5 | 323 | 93 |
| OFFICE EQUIPMENT | 240 | 1998 | S/L-5 | 48 | 48 |
| OFFICE EQUIPMENT & SOFTWARE | 1710 | 1999 | S/L-5 | | 193 |
| TOTALS | 17,983 | | | 15,713 | 563 |

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

File a separate application for each return.

| | | |
|--|--|--|
| Page type of File the return. See instructions. | Name Concerned Businessmen's Association of America | Employer identification no. 95-3648314 |
| | Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 13428 Maxella Ave. #248 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Marina Del Rey, CA 90292 | |

Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnership, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until February 15, 2001 to file (check only one):

| | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 708-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

2a If the organization does not have an office or place of business in the United States, check this box

2b For calendar year _____, or other tax year beginning April 1, 1999 and ending March 31, 2000

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension Certified audit is not yet complete. Additional time is required in order to complete the audit and gather all information necessary to file a complete tax return.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ 0

Signature and Verification

I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

 Title PA Date 11/15/00

ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

to Applicant-To Be Completed by the IRS

We HAVE approved your application. Please attach this form to your return.

We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

Other: _____ **EXTENSION APPROVED**

By: _____
Director

DEC 08 2000

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

| | | | |
|-------------------------------|--|---|--|
| Please Type or Print | Name Greenberg & Jackson CPAs | LINDA WEISKOPF, FIELD DIRECTOR, COMMISSION PROCESSING, OGDEN | |
| | Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 2950 LosFeliz Blvd. Suite 103 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles CA 90039 | | |

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA
95-3658314

SCHEDULE OF CONTRIBUTORS (NOT OPEN TO PUBLIC INSPECTION)
4/1/99 - 3/31/00

| | <u>Amount</u> |
|----------------|---------------|
| | 30,000 |
| | 50,000 |
| | 6,500 |
| | 53,000 |
| | 6,000 |
| | 5,000 |
| | 5,000 |
| | 5,000 |
| | 5,000 |
| | 5,862 |
| | 6,000 |
| | 6,150 |
| | 5,389 |
| | 5,000 |
| ===== Total | 193,901 |

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA
95-3658314
3/31/00

SCHEDULE OF CONTRIBUTORS (NOT OPEN TO PUBLIC INSPECTION)
Question 26(b) Schedule A

| <u>Name</u> | <u>Gifts in Excess of \$21,634</u> 1995-1998 |
|-------------|---|
| | 124,366 |
| | 76,251 |
| | 123,637 |
| | 4,096 |
| | 1,447 |
| | ----- |
| Total | 329,797 |
| | ===== |