

Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
The organization may have to use a copy of this return to satisfy state reporting requirements

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning 4/01/00, and ending 3/31/01

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions.

C Name of organization: Concerned Businessmen's Association of America, Inc.
Number and street (or P O box if mail is not delivered to street address): 13428 Maxella Avenue
Room/suite: 248
City or town state or country and ZIP code: Marina del Rey CA 90292

D Employer ID number: 95-3658314
E Telephone number: 310-821-8073
F Check if application pending

G Org type (check only one): 501(c)(3) (insert no) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method: Cash Accrual Other (specify)

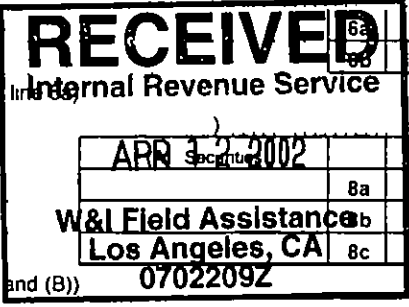
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED MAY 20 2002

Table with 21 rows and 4 columns: Description, 1a, 1b, 1c, Total, 1d, 2, 3, 4, 5, 6a, 6b, 6c, 7, 8a, 8b, 8c, 8d, 9a, 9b, 9c, 10a, 10b, 10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21. Values include 294,227, 32,327, 8,499, 23,828, 318,055, 217,200, 25,278, 59,970, 302,448, 15,607, -34,999, -19,392.



**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 20.)

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 80,646	25 42,640	25 5,125	25 32,881
26	Other salaries and wages	26 15,615	26 15,615		
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 12,128	29 7,398	29 606	29 4,124
30	Professional fundraising fees	30 10,590			30 10,590
31	Accounting fees	31 681		31 681	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 21,475	34 9,384	34 3,495	34 8,596
35	Postage and shipping	35 21,182	35 21,182		
36	Occupancy	36 1,982	36 1,982		
37	Equipment rental and maintenance	37 1,027		37 1,027	
38	Printing and publications	38 17,607	38 17,607		
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41 1,596		41 1,596	
42	Depreciation, depletion, etc (att. sch)	42 619	42 619		
43	Other expenses (itemize) a	43a			
	b See Statement 1	43b 117,300	43b 100,773	43b 12,748	43b 3,779
	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	44 302,448	44 217,200	44 25,278	44 59,970

**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 23)

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><b>Social betterment</b></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 (Grants and allocations \$ _____ )</p>	217,200
b (Grants and allocations \$ _____ )	
c (Grants and allocations \$ _____ )	
d (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>217,200</b>

**Part IV Balance Sheets (See Specific Instructions on page 23 )**

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
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	22,184	52
53	Prepaid expenses and deferred charges		53
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		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	19,813	
b	Less accumulated depreciation (attach schedule) <b>See Stmt 2</b>	57b	16,895
58	Other assets (describe <b>See Stmt 3</b> )	1,707	57c
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,022	58
60	Accounts payable and accrued expenses	25,913	59
61	Grants payable	59,525	60
62	Deferred revenue		61
63	Loans from officers, directors, trustees, and key employees (attach schedule)		62
64a	Tax-exempt bond liabilities (attach schedule)		63
b	Mortgages and other notes payable (attach schedule)		64a
65	Other liabilities (describe <b>See Stmt 4</b> )	64b	
66	<b>Total liabilities</b> (add lines 60 through 65)	1,387	65
67	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74	60,912	66
68	Unrestricted		67
69	Temporarily restricted	-34,999	68
70	Permanently restricted		69
71	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74		
72	Capital stock, trust principal, or current funds		70
73	Paid-in or capital surplus or land, building and equipment fund		71
74	Retained earnings, endowment, accumulated income, or other funds		72
75	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	-34,999	73
76	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	25,913	74
			76

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 N/A Return (See Specific Instructions, page 25)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per N/A Return	
a	Total revenue, gains, and other support per audited financial statements ▶	a	Total expenses and losses per audited financial statements ▶
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 ▶	c	Line a minus line b ▶
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) ▶	e	Total expenses per line 17, Form 990 (line c plus line d) ▶

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25)

(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	12,382	0	0
Barbara Ayash Marina del Rey, CA	CEO 60	34,164	0	0
Ginger Lawler-Sugarman Canyon Country, CA	Exec Sec 60	34,099	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 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	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	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
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79		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?	80a		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?	82a		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?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		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, 2000 (See instructions)	90b		3
91	The books are in care of <input type="checkbox"/> Barbara Ayash Located at <input type="checkbox"/> 13428 Maxella Ave. #248, Marina del Rey Telephone no <input type="checkbox"/> 310-821-8073 ZIP code <input type="checkbox"/> CA 90292			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

	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	
Enter gross amounts unless otherwise indicated					
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	23,828	
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		23,828	0
105 Total (add line 104, columns (B), (D), and (E))					23,828

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 31)**

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	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(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	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)**

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums directly or indirectly on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**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 W, on page 14)

Signature of officer: Barbara Ayash Date: 14-10-02 Type or print name and title: Barbara Ayash - Chief Executive Officer

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**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 4/05/02 Check if self-employed:  Preparer's SSN or PTIN: P00061505

Firm's name (or yours if self-employed) and address and ZIP code: GREENBERG AND JACKSON CPAs  
2950 LOS FELIZ BOULEVARD SUITE 103  
LOS ANGELES, CA 90039 EIN: 95-3387333 Phone no: 323-666-7700

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

**2000**

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
<b>None</b>				
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 instr 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
<b>None</b>		
Total number of others receiving over \$50,000 for professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2000

**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 <b>3</b> _____ 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? <b>See Stmt 5</b>	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of exp if more than \$1 000)? <b>See Part V, Form 990</b>	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 5 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 5 )
- 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 5 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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib received (Do not incl unusual grants See line 28)	302,977	311,760	331,458	236,890	1,183,085
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	17,375				17,375
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	320,352	311,760	331,458	236,890	1,200,460
24 Line 23 minus line 17	302,977	311,760	331,458	236,890	1,183,085
25 Enter 1% of line 23	3,204	3,118	3,315	2,369	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 23,662
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 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					26b 395,010
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,183,085
d Add Amounts from column (e) for lines	18 _____	19 _____	22 _____	26b 395,010	26d 395,010
e Public support (line 26c minus line 26d total)					26e 788,075
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 66.6119%
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 (which is not open to public inspection) to show the name of, and total amounts received in each year from each year from each "disqualified person" Enter the sum of such amounts for each year				N/A
(1999)	(1998)	(1997)	(1996)		
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
(1999)	(1998)	(1997)	(1996)		
c Add Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount on line 23 column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999 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 5 of the instr)					

**Part V Private School Questionnaire (See page 5 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 7 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-		
	<b>If the amount on line 40 is-</b>		
	Not over \$500,000	The lobbying nontaxable amount is-	
	Over \$500,000 but not over \$1,000,000	20% of the amount on line 40	
	Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
		\$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, 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 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 of the instr ) **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	Yes	No	Amount
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



**Schedule B**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization

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

Employer identification number

**95-3658314**

Organization type (check one)- Section  501(c)( **3** ) (enter number) | 527 or | 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no General charitable contributors who contributed more than \$1 000 during the year (But see rule below )

Enter here the total gifts recieved during the year for a religious, chantable, etc , purpose  \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

Name of organization <b>Concerned Businessmen's Association</b>	Employer identification number <b>95-3658314</b>
--	---

**Part I. Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>2</u>		\$ 40,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>3</u>		\$ 5,417	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>4</u>		\$ 25,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>5</u>		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>6</u>		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA  
95-3658314  
3/31/01

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

<u>Name</u>	<u>Gifts in Excess of \$23,662</u> 1997-2000
	130,338
	98,460
	166,212
	-----
Total	<u><u>395,010</u></u>





Form **4562**

**Depreciation and Amortization**

OMB No 1545 0172

(Including Information on Listed Property)

**2000**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions

▶ Attach this form to your return

Attachment Sequence No **67**

Name(s) shown on return

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

Identifying number

**95-3658314**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Tangible Property (Section 179)**

Note: If you have any "listed property," complete Part V before you complete Part I

1	Maximum dollar limitation If an enterprise zone business, see page 2 of the instructions	1	\$20 000
2	Total cost of section 179 property placed in service See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200 000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 27	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999 See page 3 of the instructions	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

Note. Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)**

**Section A-General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See page 3 of the instructions

**Section B-General Depreciation System (GDS) (See page 3 of the instructions)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions)**

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property) (See page 5 of the instructions)**

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	<b>619</b>

**Part IV Summary (See page 6 of the instructions)**

20	Listed property Enter amount from line 26	20	
21	Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions	21	<b>619</b>
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions

Form **4562** (2000)

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Golf/Fishing Event				
Direct Costs	8,499		8,499	
Indirect Expense				
AWARDS	11,143	11,143		
BANK CHARGES	4,495		4,495	
COMPUTER EXPENSE	562		562	
EDUCATIONAL BOOKLETS	44,692	44,692		
EVENTS	38,017	38,017		
FUNDRAISING ADMIN ASSISTANTS	3,779			3,779
INSURANCE	1,586		1,586	
LICENSES, PERMITS	595		595	
MAILING LISTS	787	787		
OFFICE EXPENSE	1,602		1,602	
OFFICE SUPPLIES	2,056		2,056	
PENALTIES	247		247	
REPAIRS	573		573	
ROYALTIES	406	406		
SHIPPING & DELIVERY	487		487	
STAFF TRAINING	545		545	
SUPPLIES	1,549	1,549		
WEBSITE/COMMUNITY ED	4,179	4,179		
Total	<u>\$ 125,799</u>	<u>\$ 100,773</u>	<u>\$ 21,247</u>	<u>\$ 3,779</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	\$ 17,983	\$ 16,276	\$ 19,813	\$ 16,895
Total	\$ 17,983	\$ 16,276	\$ 19,813	\$ 16,895

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

Description	Beginning of Year	End of Year
Short Term Loans	\$ 2,022	\$ 1,908
Total	\$ 2,022	\$ 1,908

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

Description	Beginning of Year	End of Year
Payroll Taxes Payable	\$	\$
Bank Overdraft	1,387	
Total	\$ 1,387	\$ 0

**Statement 5 - Schedule A, Part III, Question 2b - Lending of Money**

Small loans to employees· \$1908

95-3658314

**Federal Asset Report**

FYE 3/31/2001

**Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus % 179	Basis	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>								
1	OFFICE EQUIPMENT	1/01/95	11,144		11,144	5 MO S/L	11,144	0
2	COMPUTER SOFTWARE	1/01/95	1,911		1,911	3 MO S/L	1,911	0
3	COMPUTER & SOFTWARE	1/01/95	2,516		2,516	5 MO S/L	2,516	0
4	OFFICE EQUIPMENT	1/01/96	462		462	5 MO S/L	416	46
5	OFFICE EQUIPMENT	1/01/98	240		240	5 MO S/L	96	48
6	OFFICE EQUIPMENT & SOFTWARE	1/01/99	1,710		1,710	5 MO S/L	193	342
7	OFFICE EQUIPMENT	9/30/00	1,829		1,829	5 MO S/L	0	183
<b>Total Other Depreciation</b>			<u>19,812</u>		<u>19,812</u>		<u>16,276</u>	<u>619</u>
<b>Total ACRS and Other Depreciation</b>			<u>19,812</u>		<u>19,812</u>		<u>16,276</u>	<u>619</u>
<b>Grand Totals</b>			19,812		19,812		16,276	619
<b>Less Dispositions</b>			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>19,812</u>		<u>19,812</u>		<u>16,276</u>	<u>619</u>