## Form 990

## Return of Organization Exempt

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2006 calen	dar year,	or tax year beginning	, 2006, aı	nd endir		,		
В	Check	if applicable:	Plann	С	4		D Em	ployer Iden	tification Number	
	Ac	ddress change		WOSIKTAN WID POCTI	ETY OF AMERICA, I	NC.	9,	4-3147	517	
	Na	ame change	or print or type.	350 BERKELEY PARK			E Tel	ephone nur	nber	
	In	itial return	See specific	BERKELEY, CA 9470			51	10-763	3-4880	
	Final return instruc-					ounting	X Cash	Accrual		
	Ar	mended return						Other (spe	ecify)	_
	T Ar	oplication pending	Secti	on 501(c)(3) organizations ar	nd 4947(a)(1) nonexempt	H and	d I are not applicable to s	ection 527	organizations.	
			chari	table trusts must attach a co n 990 or 990-EZ).	mpleted Śchedule A	1 '	) Is this a group return			X No
_		··· ► ONT T				H (b	) If 'Yes,' enter number	of affiliates	<b>•</b>	
G	web	site: - UNLI	NEGASS.	SYRIANAID.ORG		H (c	Are all affiliates inclu			No
J	Orga	nization type		X 501(c) 3 ◀ (insert		_	(If 'No,' attach a list.			
				nization is not a $509(a)(3)$ sup			<ul> <li>Is this a separate retu organization covered</li> </ul>			X No
n				not more than \$25,000. A ret			Group Exemptio		103	A NO
	orga	nization choos	ses to file	a return, be sure to file a cor	nplete return.	M	Check ► X if the			-ed
L	Gross	s receints: Add	lines 6b 8	Bb, 9b, and 10b to line 12 ▶	483.375		to attach Schedule B			
THE OWNER OF THE OWNER	rt I			nses, and Changes in N		lances				
	r			ants, and similar amounts red			(000 1110 111011			
	l		-	advised funds	1	1 a				
				not included on line 1a)	<b>⊢</b>	1 b	366,767	<b>沙</b>		
				(not included on line 1a)	<b>⊢</b>		3337.37			
	d	Government	contributi	ons (grants) (not included on	line 1a)	1 d				
	е	Total (add lines	ash \$	366,767. noncash	\$	)		1 e	366	,767.
	2	Program serv	vice reven	nue including government fee	s and contracts (from Part	VII. line	93)	2		7.0.0
	3	_		assessments						
	4			d temporary cash investment					2	,742.
	5		_	from securities						
	6a				1					
				loss). Subtract line 6b from li				6c		
R	7	Other investr	ment inco	me (describe			)	7		
REVENUE	l			les of assets other	(A) Securities		(B) Other	12.4		
E N	"	than inventor	y		2,949.	8 a				
E	b			sis and sales expenses		8 b				
	c	Gain or (loss) (a	ıttach schedi	ule)STATEMENT . 1 .		8 c				
				nbine line 8c, columns (A) ar				8 d		499.
	9	Special even	ts and ac	tivities (attach schedule). If a	ny amount is from <b>gaming</b>	, check l	nere			
	a			sluding \$88,		- 1	440 505			
		•	,	- 41 41 <b>6</b> 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		9a	110,597			
	l			other than fundraising expen	_	9 b	70,788		20	000
	l			rom special events. Subtract	1	10-1	.STATEMENT2		39	<u>,809.</u>
	1			ry, less returns and allowanc	_	10 a	320 126			
	ı		-	old		10 b		000000000000000000000000000000000000000		104
										194.
	11 12			eart VII, line 103)es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9d				11 12	410	,011.
	13			m line 44, column (B))				13		,372.
E	14			n line 44, column (B)) eral (from line 44, column (C)						,372. ,748.
P										
N S	15 16	-		44, column (D))				15 16	13	,996.
EXPENSES	17	-		ines 16 and 44, column (A)				17	110	116
_	18			the year. Subtract line 17 fro						<u>,116.</u> ,105.
A N S	19			ances at beginning of year (f						
N S E E	20			ances at beginning of year (i assets or fund balances (attac						<u>,095.</u>
' T S		_		assets of fully balances (attached)		L . J.IA	I EPIENI 4	21		759

Par	IAJ	organization	n Regarding Transfers To an n is a controlling organization	n as defined in sect	ion 512(b)(13).	nete only if th	ie		
		or garnzation	The a controlling organization	, , , , , , , , , , , , , , , , , , , ,	(10)			Yes	No
106	Did f	the reporting or ,' complete the	ganization <b>make</b> any transfers <b>to</b> a schedule below for each controlled	controlled entity as def	ined in section 512	2(b)(13) of the C	ode? If		X
			(A) e, address, of each ontrolled entity	(B) Employer Identificatio Number	n Descri	C) ption of nsfer	Amount (	D) of tran	sfer
а									
b									
,C									
			Totals						
107	Did 'Yes	the reporting o	rganization <b>receive</b> any transfers <b>fr</b> schedule below for each controller	om a controlled entity a	s defined in section	n 512(b)(13) of	the Code? If	Yes	No X
			(A) e, address, of each ontrolled entity	(B) Employer Identificatio Number	on Descri tra	(C) iption of nsfer	Amount	(D) of trar	ısfer
а									
b									
С									
			Totals						
108	Did	the organizatio	on have a binding written contract in	n effect on August 17, 20	006, covering the in	nterest, rents, ro	oyalties, and	Yes	No X
			perjury, I declare that I have examined this return of preparer (other than of						is
Plea	ase	<b>&gt;</b>							
Sign	1	Signature of of				Date			
Hen	C	SARGON Type or print n	SHABBAS name and title.						
Paid Pre-		Preparer's signature			Date	Check if self- employed ▶	Preparer's SSN General Instruc N/A	or PTIN tion W)	(See
pare	er's	Firm's name (or yours if self-	DONALD J. LAZAR, ACCN			EIN N/A			
Onl		employed), address, and ZIP + 4	100 S. ELLSWORTH AVE. SAN MATEO, CA 94401				650) 343-4900		
BAA						•			(2006)

Part VI Other Information (continu	ed)				Yes No			
c At any time during the calendar year, di		tion maintain an off	ice outside of the Ur	nited States?	91 c X			
If 'Yes,' enter the name of the foreign coun								
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here								
Part VII Analysis of Income-Produ				92	N/A			
Part VII Analysis of Income-Produ	T	d business income		etion 512, 513, or 514				
Note: Enter gross amounts unless					(E)			
otherwise indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income			
93 Program service revenue:								
a								
þ								
С								
d								
e								
f Medicare/Medicaid payments								
g Fees & contracts from government agencies								
94 Membership dues and assessments	-		14	2,742.				
<ul><li>95 Interest on savings &amp; temporary cash invmnts.</li><li>96 Dividends &amp; interest from securities.</li></ul>	<u> </u>		14	2,142.				
97 Net rental income or (loss) from real estate:					以及对于"火水"。 14.80年(火水),14.20年末			
a debt-financed property								
<b>b</b> not debt-financed property					,			
98 Net rental income or (loss) from pers prop								
99 Other investment income								
100 Gain or (loss) from sales of assets								
other than inventory				00.000	499.			
<b>101</b> Net income or (loss) from special events			1	39,809.	•			
102 Gross profit or (loss) from sales of inventory			1	194.				
103 Other revenue: a								
b								
cd								
e								
104 Subtotal (add columns (B), (D), and (E))				42,745.	499.			
105 Total (add line 104, columns (B), (D),					43,244.			
Note: Line 105 plus line 1e, Part I, should eq	ual the amour	nt on line 12, Part I.						
Part VIII Relationship of Activities	to the Acco	mplishment of E	Exempt Purpose	s (See the instruc	tions.)			
Line No. Explain how each activity for whi	ch income is r	eported in column (E	E) of Part VII contrib	outed importantly to the	e accomplishment			
▼ of the organization's exempt pur	ooses (other th	nan by providing fun-	ds for such purpose	S).				
SEE STATEMENT 9								
Part IX Information Regarding Ta	xable Subsi	diaries and Disr	regarded Entitie	s (See the instruct	tions.)			
(A)	(B)	T	(C)	(D)	(E)			
Name, address, and EIN of corporation,	Percentag	e of Naturo	of activities	Total	End-of-year			
partnership, or disregarded entity	ownership ir		or activities	income	assets			
N/A		8						
		8						
		%						
Dort V Information Degarding To	anctore Acc	%	reanal Panafit C	Contracts (Soo the	instructions \			
Part X Information Regarding Tra								
<b>b</b> Did the organization, during the year, receive any					<u> </u>			
Note: If 'Yes' to (b), file Form 8870 and F			, 5.1 4 por oction both					
ВАА		•		TEEA0108L 04/04/	o7 Form <b>990</b> (2006)			

94-3147517

Page 8

Form 990 (2006) ASSYRIAN AID SOCIETY OF AMERICA, INC.

THE COLUMN ASSESSMENT ASSESSMENT OF AMERICA THE	04 2147517		
Form 990 (2006) ASSYRIAN AID SOCIETY OF AMERICA, INC.  Part VI Other Information (continued)	94-3147517		age 7
		165	NO
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge substantially less than fair rental value?	ge or at 82a		Х
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 in Part III.)	N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption application	ns? <b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	N,	/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N,	/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	/A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organizat waiver for proxy tax owed for the prior year.	ion received a		
c Dues, assessments, and similar amounts from members	N/A		
d Section 162(e) lobbying and political expenditures	N/A	200	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N,	/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate dues allocable to nondeductible lobbying and political expenditures for the following tax year?	of <b>85</b> h	N.	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
line 12	N/A	3.3	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30 If 'Yes,' complete Part IX.	or partnership, 01.7701-3?		Х
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the section 512(b)(13)? If 'Yes,' complete Part XI.	meaning of		Х
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		A
section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0.		
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit traduring the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attacle explaining each transaction.	ansaction h a statement		Х
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			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte			Х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance co		+	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the sup organization, or a fund maintained by a sponsoring organization, have excess business holdings at any t			
the year?			Х
90 a List the states with which a copy of this return is filed ► _ <u>CA</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b		1
91a The books are in care of ► SARGON_SHABBAS Telephone number ►  Located at ► 172 BEECHNUT DRIVE, HERCULES, CA, ZI	510-763-4880 P + 4 ► 94547		
		Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	hority over a ount)? 91 b	_	X
If 'Yes,' enter the name of the foreign country ▶			3.0

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts. **BAA** 

Page of Carolin ASSYRIAN ALD SOCIETY OF AMERICA, INC. 94-3147517   Page of Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)   Yes   No   75a Einst the lotal number of officers, directors, trustsees, or key employees issted in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated employees is in the individuals and explains the relationship(s).   Yes   No   Yes	, and an analysis of the second						
Table the that number of efficies, directors, and triables permitted to with on organization business as board meetings. P. 1.5  Are any officiens, directors, rustuees, or key employees listed in Form 990, Part V.A. or highest compensated employees is led in Schedule A, Part II. or highest compensated professional and other independent contractors is listed in Schedule A, Part II. or highest compensated professional and other independent contractors is listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule and the instructions of the definition of related organization. Several for brassible, that are related to the organization are entrituctions for the definition of related organization. Several or brassible, that are related to the organization are written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (it any former officer, director, furstee, or key employee received compensation or other benefits (described below) the instructions. It that person below and enter the anomal of compensation or therefits in the approach below and enter the anomal of compensation or therefits in the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach below and enter the anomal of compensation or the benefits of the approach and the propensation of the benefits of the approac					17		
b Are any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes, 'attach a statement that identifies the individuals and explains the relationship(s).  c Do any officers, directors, trustees, or key employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes,' attach a statement that identifies the individuals and explains the relationship (s).  c Do any officers, directors, trustees, or key employees listed in Schedule A, Part II-A or II-B, related to the organization? See the instructions for the definition of 'related organization' covering to taxable, that are related to the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other benefits (described below) during the instructions, of Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other benefits (described below) the instructions, of the instructions of the definition of 'related organization' or there benefits in the appropriate described below) the instructions.  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (B) Compensation or there benefits in the appropriate organization plans and deferred compensation in the organization of each change.  75					10000000	Yes	No
Island in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II.4 or II.8, related to each other through family or business relationships? If Yes, it attach a statement that includes the relationships and the professional and other independent contractors listed in Schedule A, Part II.4 or II.8, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions from any other organizations, whether tax exempt or taxable, that are related to the organization are written conflict of interest policy?. Total Ones the organization are written conflict of interest policy?. Total Ones the organization are written conflict of interest policy?. Total organization are written conflict of interest policy?. Total organization are written conflict organization are written conflict organization are written conflict. If the profession or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation. To other benefits in the appropriate column. See the instructions. If the profession or other benefits is in the appropriate column. See the instructions or the profession or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits in the appropriate column. See the instruction or development or other benefits of the profession or other benefits of the profession or development or other benefits or the							
identifies the individuals and explains the relationship(s).  Zo Da any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation or other state of the organization have a written conflict of interest policy?  Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, Directors, Trustees, and Key Employees received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address   (B) Loans and Advances   (C) Compensation   (D) Contributions to employee benefits and the appropriate column. See the instructions   (D) Contributions to employee benefits of the instructions   (E) Expense account and other allowances   (E) Expen	listed in Schedule A. Part I. or highest com	pensated professional an	d other independent co	ntractors listed in Schedul	le		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated omployees listed in Stockedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization are the instructions for the definition of related organizations.  If Yes,' attach a statement that includes the information described in the instructions.  If Yes,' attach a statement that includes the information described in the instructions.  Objects the organization have a written conflict of interest policy?  Part V-B  Pormer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation or other benefits (Idestrated below) the instructions.)  (B) Compensation or other benefits (Idestrated below) the instructions.)  (C) Compensation or other benefits (Idestrated below) the instructions.)  (B) Loans and Advances  (C) Compensation or other benefits (Idestrated below) the instructions or other benefits in the appropriate column. See the below and enter the amount of compensation or other benefits in the appropriate column. See the second of the propriate column. See the second of the second of the propriate column. See the second of	A, Part II-A or II-B, related to each other the identifies the individuals and explains the re	rough family or business	relationships? If 'Yes,'	attach a statement that	75 h		x
listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization? See the instructions for the definition of related organization?  d Does the organization have a written conflict of interest policy?  Part VB   Typer   Trustees, and Key Employees That Received Compensation or Other Benefits (discribed below) during the year, list that person below and enter the amount of compensation or other benefits (discribed below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)    Part VB   Other Information (See the instructions.)   Yes   No	c Do any officers, directors, trustees, or key employees listed in form 990. Part V-A, or highest compensated employees						
If Yes,' attach a statement that includes the information described in the instructions.   Test	listed in Schedule A. Part I. or highest com	pensated professional an	d other independent co	ntractors listed in Schedul	le l		
Part VI B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (Idescribed below) during the year, list that person below and enter the amount of compensation or other benefits (Idescribed below) during the year, list that person below and enter the amount of compensation or other benefits (Idescribed below) during the year, list that person below and enter the amount of compensation or other benefits (Idescribed below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation and other plans and deferred compensation or other benefits (Idescribed below) and enter Idea (Inter Idea)  (A) Name and address  (B) Loans and (Inter Idea)  (C) Compensation or other benefits (Idea (Inter Idea)  (B) Loans and (Inter Idea)  (C) Compensation (Inter Idea)  (C) Compensation or other benefits (Idea (Inter Idea)  (B) Contributions to expending the plans and deferred compensation or other benefits (Idea (Inter Idea)  (B) Contributions to expending the plans and deferred compensation or other benefits (Idea (Inter Idea)  (B) Contributions to expending the plans and deferred compensation or other benefits (Idea (Inter Idea)  (C) Compensation of the benefits (Idea (Idea)  (C) Compensation (Idea)  (C) Compensation or other benefits (Idea (Idea)  (C) Compensation or other benefits (Idea)  (C) Compensation or other benefits (Idea (Idea)  (Inter Idea)  (D) Contributions to expending and deferred compensation plans and deferred compensation of the pensation of the plans and deferred compensation of the pensation of the plans and deferred compensation of the pensation of the plans and deferred compensation of the pensation of the plans and deferred compensation of the pensation of the plans and deferred compensation of the pe	to the organization? See the instructions for	r the definition of 'related	l organization'	t or taxable, that are relati	ed <b>75 c</b>		X
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Banefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (B) Loans and Advances  (B) Loans and (I) Compensation (I) Contributions to enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  NONE  Part VI Other Information (See the instructions.)  Yes No  10 the organization make a change in its activities or methods of conducting activities? If Yes, 'attach a detailed statement of each change.  11 Yes, 'attach a detailed statement of each change.  12 A bif Yes, 'attach a conformed copy of the changes.  13 B officers and including the year covered by this return?  14 Enter direct and indirect political expenditures. (See line 81 instructions.)  15 Each of the companization of the pagain and check whether it is exempt or nonexempt.  15 In Yes,' enter the name of the organization > N/A and check whether it is exempt or nonexempt.  16 Each of the companization of the pagain and check whether it is exempt or nonexempt.  17 Each of the companization of the pagain and check whether it is exempt or nonexempt.  18 Enter direct and indirect political expenditures. (See line 81 instructions.)  18 Enter direct and indirect political expenditures. (See line 81 instructions.)	If 'Yes,' attach a statement that includes th	e information described in	n the instructions.				
Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation (if not paid, enter -0-)  (if							X
during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (if not paid, enter -0-) (plans and deferred compensation plans  (E) Expense enter -0-)  (D) Contributions to exploye benefit plans and deferred compensation plans  (E) Expense enter -0-)  (D) Contributions to exploye benefit plans and deferred compensation plans  (E) Expense enter -0-)  (F) Expense ent	Part V-B Former Officers, Directors, T	rustees, and Key En	nployees That Rec	eived Compensation	or Othe	er	
The instructions.)  (B) Loans and Advances  (C) Compensation (if not paid, enter -0-)  (If not p	<b>Benefits</b> (If any former officer, direction the very list that person halo	ector, trustee, or key emp	oloyee received compen	sation or other benefits (d	described	below	)
(A) Name and address  (B) Loans and Advances  (If not paid, enter -0-)  Part VI Other Information (See the instructions.)  76 Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change.  76 X  77 Were any changes made in the organization or your province or you province or your	the instructions.)	w and enter the amount	or compensation of other	er benefits in the approprie	ate coluin	III. Se	3
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Form **990** (2006)

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## Form 990 (2006) ASSYRIAN AID SOCIETY OF AMERICA, INC. 94-3147517 Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the

	instructions.)		`	
а	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line <b>a</b> but not on Part I, line 12:			11/11
	1Net unrealized gains on investments	b1		
	2Donated services and use of facilities	b2		
	3Recoveries of prior year grants			
			- 5	
	4Other (specify):	b4		
	Add lines <b>b1</b> through <b>b4</b>		b	
С	Subtract line <b>b</b> from line <b>a</b> .		c	
d	Amounts included on Part I, line 12, but not on line a:			
_	1 Investment expenses not included on Part I, line 6b.	41		
	2Other (specify):			
		d2		
	Add lines <b>d1</b> and <b>d2</b>	<u> </u>	d	
e	Total revenue (Part I, line 12). Add lines c and d		e e	
Pi	art IV-B Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per	Return	
	100 Part -			
а	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1Donated services and use of facilities	b1		
	2Prior year adjustments reported on Part I, line 20	b2	- Co. 100.	
	3Losses reported on Part I, line 20			
	4Other (specify):			
		b4		
	Add lines <b>b1</b> through <b>b4</b>		Ъ	
С	Subtract line <b>b</b> from line <b>a</b>		С	
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2Other (specify):			
		d2		
	Add lines d1 and d2		d	
е	Total expenses (Part I, line 17). Add lines c and d			
P	Current Officers, Directors, Trustees, and Key Employees or key employee at any time during the year even if they were not compen	(List each person who was a	an officer, direct	or, trustee,
	or key employee at any time during the year even if they were not compen	sated.) (See the instruction:	s.)	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NARSAI DAVID	PRESIDENT	0.	0.	0.
2825 WEBSTER ST	10			
BERKELEY, CA 94705				
SARGON SHABBAS	SCTY/TREASR	0.	0.	0.
172 BEECHNUT DRIVE	10			
HERCULES, CA 94547				
ASHUR YOSEPH	VICE-PRES	0.	0.	0.
3789 NORTHRIDGE DRIVE	10			
CONCORD, CA 94518				
	<u> </u>		L	

Not	e:	Where required, attached schedules and amounts within the column should be for end-of-year amounts only.	e description	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing		45		
	46	Savings and temporary cash investments	197,963.	46	160,516.	
	47	a Accounts receivable	7 a			
		b Less: allowance for doubtful accounts	7 b		47 c	
		a Pledges receivable				
			3b		48 c	
	49	Grants receivable			49	
	50	a Receivables from current and former officers, directors, t employees (attach schedule)		50 a		
Α.		<b>b</b> Receivables from other disqualified persons (as defined and persons described in section 4958(c)(3)(B) (attack section 495	under section 4958(f)(1)) chedule)		50 b	·
A S E T	51	a Other notes and loans receivable (attach schedule)	1 a			
T S		<b>b</b> Less: allowance for doubtful accounts	1 b		51 c	
	52	Inventories for sale or use			52	
		Prepaid expenses and deferred charges			53	
	54	a Investments — publicly-traded securities	. ► Cost X FMV	2,450.	54 a	
		<b>b</b> Investments – other securities (attach sch)	. ► Cost FMV		54 b	
	55	a Investments – land, buildings, & equipment: basis 59	5 a			
		b Less: accumulated depreciation (attach schedule)	5 b		55 c	
	56	Investments - other (attach schedule)			56	
	57	a Land, buildings, and equipment: basis 5	7a 5,383.		<b>李</b> 皇	
		b Less: accumulated depreciation (attach schedule)	<b>7</b> ь 4,140.	1,682.	57 c	1,243.
	58	Other assets, including program-related investments				
		(describe ►	)		58	
	59	Total assets (must equal line 74). Add lines 45 through 5	8	202,095.	59	161,759.
	60	,,,,,,,, .			60	
	61	Grants payable			61	
L	62	Deferred revenue			62	
ABI	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
Ī	64	a Tax-exempt bond liabilities (attach schedule)	h		64 a	
i E S		<b>b</b> Mortgages and other notes payable (attach schedule)			64 b	
S	65		)		65	
	66			0.	66	0.
N	Or		complete lines 67			
N E T		through 69 and lines 73 and 74.				
A	67				67	
ASSETS	68				68	
	69	Permanently restrictedganizations that do not follow SFAS 117, check here ►			69	
O R	Or	70 through 74.	A and complete lines			
FUZD	70				70	
D	71	Paid-in or capital surplus, or land, building, and equipme			71	
B	72			202,095.	72	161,759.
BALANCES				202,030.		101,700.
Ë	73	Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B) must	st equal line 21)	202,095.	73	161,759.
S	74			202,095.	74	161,759.

Form <b>990</b> (2006)	ASSYRIAN	AID	SOCIETY	OF	AMERICA,	INC
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Page 3

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	Ctata	mant a	f Program	Con	vica l	Necomn	lichmontc
Frank - Fill Kole I Fill House Hill	State	men o	FIUUIAIII	Jei	VILE /	<b>46601111</b>	112111111611172

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.

hat is the organization's prin Il organizations must describ ients served, publications issue ations and 4947(a)(1) ponexy		e? SEE STATEMENT 6 ose achievements in a clear and concise manner. State t vements that are not measurable. (Section 501(c)(3) and (4) or ts must also enter the amount of grants and allocations t	he number of	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7		ts must also enter the amount of grants and anocations t		optional for others.)
(Grants and allocations	\$ 3	66,767 . ) If this amount includes foreign grants, check he	ere ►	398,372.
b				
			·	
•		) If this amount includes foreign grants, check he		
c				
			. <b>_</b>	
(Grants and allocations		) If this amount includes foreign grants, check he	ere •	
u				
			· <b></b> ·	
Conto and allocations		N. M. Alein annum himboring francisco constitution in the second		
(Grants and allocations e Other program services .	***************************************	) If this amount includes foreign grants, check he	ere	
(Grants and allocations		) If this amount includes foreign grants, check he	ere ► 🗍	
f Total of Program Service	e Expenses (should	equal line 44, column (B). Program services).		398,372.

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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.

Do not include amounts reported on line (A) Total (B) Program (C) Management (D) Fundrais

	6b, 8b, 9b, 10b, or 16 of Part I.		(A) lotal	services	and general	(D) Fundraising		
22 2	Grants paid from donor advised							
	funds (attach sch)							
	(cash \$							
	non-cash \$)							
	If this amount includes	00			raita di P			
221	foreign grants, check here.  Other grants and allocations (att sch) SEE ST	<b>22a</b>						
22 1		1 3						
	(cash \$ <u>382,090.</u> non-cash \$ )							
	· · · · · · · · · · · · · · · · · · ·							
	If this amount includes foreign grants, check here.	22 b	382,090.	382,090.				
	,		002/0301	002,000.				
23	Specific assistance to individuals (attach schedule)	23						
	•							
24	Benefits paid to or for members (attach schedule)	24						
05	,							
25 8	Compensation of current officers, directors, key employees, etc listed in							
	Part V-A (attach sch)	25 a	0.	0.	0.	0.		
ı	Compensation of former officers,							
	directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.		
	Compensation and other distributions, not	230	0.	<u> </u>	0.	0.		
	included above, to disqualified persons (as							
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
	(attach schedule)	25 c	0.	0.	0.	0.		
26	Salaries and wages of employees not							
	included on lines 25a, b, and c	26	37,769.	3,777.	24,550.	9,442.		
27	Pension plan contributions not							
	included on lines 25a, b, and c	27						
28	Employee benefits not included on							
	lines 25a - 27	28						
29	Payroll taxes	29						
30	Professional fundraising fees	30						
31	Accounting fees	31	225.		225.			
32	Legal fees	32						
33	Supplies	33						
34	Telephone	34	1,036.		932.	104.		
35	Postage and shipping	35	796.	299.	298.	199.		
36	Occupancy		2,220.	832.	833.	555.		
37	Equipment rental and maintenance	37						
38	Printing and publications	38	6,242.	4,681.		1,561.		
39	Travel	39						
40	Conferences, conventions, and meetings	40	4,736.	1,578.	1,579.	1,579.		
41	Interest	41						
42	Depreciation, depletion, etc (attach schedule)	42	439.		439.			
43	Other expenses not covered above (itemize):							
	BANK & WIRE SERVICES	43 a	2,864.	2,768.	96.	-		
	CULTURAL SCARF PROJECT	43 b	2,347.	2,347.				
	INSURANCE	43 c	4,965.		4,965.			
•	OFFICE SUPPLIES	43 d	2,387.		1,831.	556.		
•	?	43 e						
1		43 f						
9	9	43 g						
44	Total functional expenses. Add lines 22a							
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	448,116.	398,372.	35,748.	13,996.		
Join	t Costs. Check. ► if you are following	SOP 9						
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No							
	If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services							
\$_								
to Fu	undraising \$ .							
D 4 4						5 000 (0005)		