

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **2021**, and ending **20**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	ASSYRIAN AID SOCIETY OF AMERICA, INC. 350 BERKELEY PARK BLVD KENSINGTON, CA 94707	94-3147517
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		510-763-4880
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		940,384.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ASSYRIANAID.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **CA**

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>AID TO ASSYRIAN REFUGEES AND NEEDY ASSYRIANS IN IRAQ.</u>				
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		11	
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		11	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5		1	
	6 Total number of volunteers (estimate if necessary).....	6		20	
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	918,654.	Prior Year	810,166.	
	9 Program service revenue (Part VIII, line 2g).....		Current Year		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	4,949.		55.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	7,906.		33,322.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	931,509.		843,543.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	559,440.		708,982.
		14 Benefits paid to or for members (Part IX, column (A), line 4).....			
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	61,494.		59,164.
		16a Professional fundraising fees (Part IX, column (A), line 11e).....			
b Total fundraising expenses (Part IX, column (D), line 25) ▶		44,004.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	37,993.		37,172.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	658,927.		805,318.		
19 Revenue less expenses. Subtract line 18 from line 12.....	272,582.		38,225.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	690,132.	Beginning of Current Year	717,008.	
	21 Total liabilities (Part X, line 26).....	13,047.	End of Year	1,698.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	677,085.		715,310.	

Part II Signature Block

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.

Sign Here	Signature of officer	Date
	SHADRAK SHABBAS Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00291130
	Firm's name ▶	DONALD J. LAZAR, ACCNTNCY CORP			
	Firm's address ▶	100 S. ELLSWORTH AVE., #501 SAN MATEO, CA 94401			
				Firm's EIN ▶	94-3066444
				Phone no.	650-343-4900

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

