

Return of Organization Exempt From Income Tax

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

2022

Open to Public Inspection

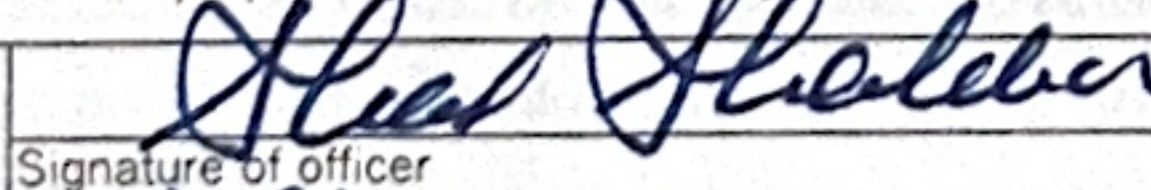
Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C ASSYRIAN AID SOCIETY OF AMERICA, INC. 350 BERKELEY PARK BLVD KENSINGTON, CA 94707 </td> <td style="width:30%; vertical-align: top;"> D Employer identification number 94-3147517 E Telephone number 510-763-4880 G Gross receipts \$ 1,245,261. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: WWW.ASSYRIANAID.ORG </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2"> L Year of formation: 1991 M State of legal domicile: CA </td> </tr> </table>	C ASSYRIAN AID SOCIETY OF AMERICA, INC. 350 BERKELEY PARK BLVD KENSINGTON, CA 94707	D Employer identification number 94-3147517 E Telephone number 510-763-4880 G Gross receipts \$ 1,245,261.	F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ASSYRIANAID.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1991 M State of legal domicile: CA	
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AID TO ASSYRIAN REFUGEES AND NEEDY ASSYRIANS IN IRAQ.	
	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 9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5	Total number of individuals employed in calendar year 2022 (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.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 810,166. Current Year: 1,022,230.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55. 51.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,322. 22,467.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	843,543. 1,044,748.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	708,982. 1,021,957.
	Expenses	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)	59,164. 64,339.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25)	60,619.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,172. 93,342.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	805,318. 1,179,638.
19		Revenue less expenses. Subtract line 18 from line 12	38,225. -134,890.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 717,008. End of Year: 581,471.
	21	Total liabilities (Part X, line 26)	1,698. 1,051.
	22	Net assets or fund balances. Subtract line 21 from line 20	715,310. 580,420.

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: 11/11/2025	
	SHADRAK SARGON SHABBAS TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DONALD J. LAZAR		
	Firm's name	DONALD J. LAZAR, ACCNTNCY CORP	
	Firm's address	100 S. ELLSWORTH AVE., #501 SAN MATEO, CA 94401	
	Check <input type="checkbox"/> if self-employed	PTIN	
		P00291130	
	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