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TIN: 95-3957498OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2022

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Fo	or th	e 2022 ca	l alendar year, or tax year beginning 01-01-2022 , and ending 12	2-31-2022	2			
B Che	ck if a dress	applicable: change	C Name of organization ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC		D Em	ployer ic		ication number
O Init		-	Doing business as					
_		rn/terminated			E Tele	phone nu	ımber	
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room, 1436 W GLENOAKS BLVD	/suite	(81	8) 547-:	3372	
_ ``		, ,	City or town, state or province, country, and ZIP or foreign postal code			-,		
			GLÉNDALE, CA 91201		G Gro	ss receip	ts \$ 94	1,809
			F Name and address of principal officer:	H(a)	Is this a grou	p return	n for	
			ASADOUR TARAKCHIAN 10114 GAVIOTA AVE		subordinates			☐Yes ✓ No
			NORTH HILLS, CA 91343	H(b)	Are all subord included?	linates		☐ Yes ☐No
I Tax	-exer	mpt status:	2 501(c)(3) □ 501(c)() 4 (insert no.) □ 4947(a)(1) or □ 527		If "No," attac			
J W	ebsit	te:▶ N/A		H(c)	Group exemp	tion nur	mber	•
				L Year	of formation: 19	86 M	State	of legal domicile: CA
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►					
Pa	rt I	Sum	mary					
			cribe the organization's mission or most significant activities: SCIENTIFIC RESEARCH & DEVELOPMENT.					
ce		SUPPORT .						
nar	•							
Activities & Governance	2	Check thi						
GO			of voting members of the governing body (Part VI, line 1a)				3	4
×ĕ	4	Number o	of independent voting members of the governing body (Part VI, line 1b)				4	4
ties	5	Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a) .				5	0
τιν	6	Total num	nber of volunteers (estimate if necessary)				6	30
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11				7b	0
					Prior Year			Current Year
9			ions and grants (Part VIII, line 1h)		2	69,055		79,472
Revenue			service revenue (Part VIII, line 2g)					0
Rev			nt income (Part VIII, column (A), lines 3, 4, and 7d)			19,116		15,337
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			72		0 04 000
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			88,243		94,809
			nd similar amounts paid (Part IX, column (A), lines 1–3)		2	27,840		70,230
		•	paid to or for members (Part IX, column (A), line 4)	, –				0
Ses		•	other compensation, employee benefits (Part IX, column (A), lines 5–10 nal fundraising fees (Part IX, column (A), line 11e)	' <u> </u>				0
Exp enses			aising expenses (Part IX, column (D), line 25) >0					0
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		77,853		37,729	
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			05,693		107,959
			less expenses. Subtract line 18 from line 12			17,450		-13,150
Net Assets or Fund Balances				Beg	inning of Curre	,		End of Year
sets	20	Total asse	ets (Part X, line 16)	<u> </u>	5	57,053		540,903
t As			lities (Part X, line 26)	<u> </u>		27,000		0
e E			s or fund halances. Subtract line 21 from line 20	-		57.053		540.003

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.

	Sic	nature of officer			2023-05-04 Date		
ign Iere		REH SAGHATELIAN TREASURER			Date		
		pe or print name and title					
Paic	· · · · ·	Print/Type preparer's name	Preparer's signature	Date 2023-05-15	Check if self-employed	PTIN P02378592	
	arer	Firm's name SB ACCOUNTING SE	RVICES	•	Firm's EIN > 8	37-3256862	
Jse	Only	Firm's address ▶ 111 N JACKSON ST U	JNIT 219		Phone no. (818	3) 243-4392	
		GLENDALE, CA 9120	06		(.,	
lav tl	he IRS disc	uss this return with the preparer sh		5		. Oyes Onc)
		Reduction Act Notice, see the se			No. 11282Y		90 (2022
			Page 2				
orm	990 (2022)						Page
Par	t III St a	atement of Program Service	Accomplishments				
		eck if Schedule O contains a respons	se or note to any line in this	Part III			. \Box
_	•	cribe the organization's mission:					
JUPPO	ORT SCIEN	TIFIC RESEARCH & DEVELOPMENT.					
2	Did the or	ganization undertake any significant	program services during the	e year which were not lis	sted on		
	•	orm 990 or 990-EZ?				□Yes	✓ No
3	•	ganization cease conducting, or mal		it conducts, any progra	ım		
	services?						✓ No
	If "Yes," de	escribe these changes on Schedule	0.				
4	Section 50	he organization's program service a $1(c)(3)$ and $501(c)(4)$ organization: ue, if any, for each program service	s are required to report the a				
4a	(Code:) (Expenses \$	4,605 including grant	s of \$ 4,605	5) (Revenue \$	4,605)	
	SCIENCE OL	YMPIAD AWARDS AND USC AESA SUPPO	RT			,	
4b) (Expenses \$ UMANITERIAN AID. VILLAGE SCHOOL, AF ROJECT,COSMIC RAY DIVISION, AREEBUS			5) (Revenue \$ TC 27 VET TRAIN	65,625) NING, KEVLAR-RESEARC	СН ,ҮРІ
4c	(Code:) (Expenses \$	including grant	s of \$) (Revenue \$)	
	-						
	-						
4d	Other prog	gram services (Describe in Schedule	e O.)				
	(Expenses	·	ling grants of \$) (Revenue	\$)	
4e	Total pro	gram service expenses	70,230			Fa (200 (2022
			David O			ronn s	990 (2022
			Page 3				
orm	990 (2022)						Page 3
Par	t IV Ch	ecklist of Required Schedule	es				
	To the	anization described in section 501(c)(2) or 4047(=)(1) (-th	on o privata face dati. N) If "\/ "	Yes	_
	is the orda	anization described in Section 2011C	ルンチロにキラチノ(は)によ) (Other thi	an a private roundation).	: 11 1 cs. com	oplete Yes	

the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I	3 4 5 6 7 8 9		No No No No No No
the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete schedule D, Part II	5 6 7 8 9		No No
the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete medule D, Part I	6 7 8		No No
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete nedule D, Part I	7 8		No
the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	8		
the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV	9		No
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV	_		
manent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
			No
X, as applicable.			
the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete nedule D, Part VI.	11a		No
the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
the organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f		No
the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		No
s the organization included in consolidated, independent audited financial statements for the tax year?	12b		No
he organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
the organization maintain an office, employees, or agents outside of the United States?	14a		No
the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, siness, investment, and program service activities outside the United States, or aggregate foreign investments valued \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any eign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, umn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, es 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," nplete Schedule G, Part III	19		No
the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic vernment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
	the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total ets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11 the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its la ssets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11 the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported art X, line 167 If "Yes," complete Schedule D, Part IX 11 the organization report an amount for other lasilities in Part X, line 15 that is 5% or more of its total assets reported art X, line 167 If "Yes," complete Schedule D, Part X 12 the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 12 the organization is separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete edule D, Part X 14 X II 12 the organization included in consolidated, independent audited financial statements for the tax year? Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12 the organization as achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E the organization maintain an office, employees, or agents outside of the United States? The organization maintain an office, employees, or agents outside of the United States? The organization and program service activities outside the United States, or aggregate foreign investments valued 100,000 or more? If "Yes," complete Schedule F, Parts II and IV The organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign individuals? If "Yes," c	the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its als assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported that X, line 16? If "Yes," complete Schedule D, Part X 11c the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11c the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete edule D, Part X 11c and XII 11c an	the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

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Part IV Checklist of Required Schedules (continued)

Page **4**

Yes No

	column (A), line 2? If "Yes," complete Schedule 1, Parts I and III	i I	1	NO					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III								
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No					
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV								
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No					
29	9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>								
31	1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No					
Pai	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	- i	Ve -	No.					
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No					
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c							
	Page 5	F	orm 99 0	0 (2022)					

Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No"</i> to line 3b, provide an explanation in Schedule O								
	Ia At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
D _	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
	Gross income from members or shareholders								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.								

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			V
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
٥-	Did the averagination have level shouters branches on affiliates?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14		No
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
<u> 3e</u> 7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule 0)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

Form	000	(2022
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	Page 7	
Form 990 ((2022)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours	one of	ition (do not cl box, unless pe ficer and a dire	(C) t check more than s person is both an director/trustee)			an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	for related organizations below dotted line)	Highest compensated employee Key employee Officer Institution Institution Individual trustee or director		Former Highest compensated employee Key employee Officer		Highest compensated employee Key employee Officer Officer		Former Highest compensated employee		Former Highest compensated employee Key employee Officer		(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) ARAM TER-MARTIROSYAN	5.00	Х						0	0	0				
PRESIDENT	•	^						O	U	0				
(2) ASADOUR TARAKCHIAN VICE PRESIDENT	5.00	Х						0	0	0				
(3) AIDA BAREGHAMYAN	5.00													
SECRETARY		Х						0	0	0				
(4) NAREH SAGHATELIAN TREASURER	5.00	Х						0	0	0				
							_							

						•			st Compensated			,	
	(A) Name and title	(B) Average hours per week (list		(C) on (do not chec unless person i and a directo	k m s bo	oth a	n offic		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima mount o compen	ated of other sation
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC	:)	from rganizat relat organiza	ion and ed
											+		
											+		
1b Su	b-Total						•						
	tal from continuation sheet tal (add lines 1b and 1c) .	•					*						
2	Total number of individuals (in of reportable compensation fro	cluding but not	limited		abo	ve) v	who re	ceiv	red more than \$100	,000			
	<u> </u>											Yes	No
	Did the organization list any fo ine 1a? If "Yes," complete Sch				emp	oloye •	e, or h	nigh •	est compensated e	mployee on	3		No
(For any individual listed on line organization and related organ									the	4		
	Did any person listed on line 1 services rendered to the organ			•		,			J	dual for	5		No No
	tion B. Independent Cor												
	Complete this table for your fix from the organization. Report	compensation fo								s tax year.	ensa		
		(A) Name and busine	ss addre	SS					Descrip	(B) otion of services		(C Compen	
	tal number of independent con		ng but	not limited to t	hos	e list	ed abo	ove)	who received more	e than \$100,000	of		

Part VIII Statement of Revenue				_
Check if Schedule O contains a response or note to an			<u> </u>	🗆
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns 1a		revenue	<u> </u>	312 314
ontributions,				
Membership dues 1b				
therAmt 6,105				
ਜoਿਸ਼ਿਸ਼੍ਫ਼ੀraising events 1c				
d Related organizations				
e Government grants (contributions)				
f All other contributions, gifts, grants, and similar amounts not included				
above				
73,367 g Noncash contributions included in				
lines 1a - 1f:\$				
h Total. Add lines 1a-1f				
Business Code				
2a				
0				
rogram Service Revenue				
New Merchanis				
9				
ω ₁				
in a second				
<u> </u>				
f All other program service revenue.				
g Total. Add lines 2a-2f			.	.
3 Investment income (including dividends, interest, and other				
similar amounts)	15,337		(0
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
(i) Real (ii) Personal				
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
(i) Securities (ii) Other				
7a Gross amount from sales of 7a				
assets other than inventory				
Less: cost or other basis and sales evenences				

Gain or (loss)

d Net gain or (loss)					
a Gross income from fundraising events					
(not including \$ of contributions reported on line 1c).					
See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising	g events 🕨	_			
9a Gross income from gaming activities. See Part IV, line 19					
	9a	_			
b Less: direct expenses c Net income or (loss) from gaming a	9b Ctivities				
c Net income or (loss) from gaining at	Cuvides	_			
10a Gross sales of inventory, less					
returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of in	nventory 🕨				
	Business Code				
11a					
ь					
Other Revenue Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d	 				
12 Total revenue. See instructions .		-			
12 Total Tevenue. See Histructions .		94,80	15,33	7	0
					Form 990 (2022)
		– Page 10 – – –			
		rage 10			
Form 990 (2022)					Page 10
Part IX Statement of Functional Section 501(c)(3) and 501(c)(4)		complete all columns	All other organization	one must complete co	olumn (A)
Check if Schedule O contains a		•	(B)	(C)	U
Do not include amounts reported on lin 7b, 8b, 9b, and 10b of Part VIII.	es 6b,	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domesti domestic governments. See Part IV, line			ехрепѕеѕ	general expenses	ехрепѕеѕ
2 Grants and other assistance to domesti Part IV, line 22					
3 Grants and other assistance to foreign governments, and foreign individuals. S and 16.	See Part IV, lines 15	70,230	70,230		
4 Benefits paid to or for members	F				
5 Compensation of current officers, direct key employees					
6 Compensation not included above, to d defined under section 4958(f)(1)) and section 4958(c)(3)(B)	persons described in				
7 Other salaries and wages	-				
8 Pension plan accruals and contributions 401(k) and 403(b) employer contribution	(include section				
9 Other employee benefits					
10 Payroll taxos	ħ.				

7,190

0

7,190

11 Fees for services (non-employees):a Managementb Legal

d Lobb	bying							
e Prof	essional fundraising services. See Part IV, line 17							
f Inve	estment management fees	7,072	0		7	7,072		0
	er (If line 11g amount exceeds 10% of line 25, colu amount, list line 11g expenses on Schedule O)	ımn						
12 Adve	ertising and promotion							
13 Offic	ce expenses							
14 Info	rmation technology							
15 Roya	alties							
16 Occi	upancy							
17 Trav	el							
	ments of travel or entertainment expenses for any eral, state, or local public officials .							
19 Conf	ferences, conventions, and meetings							
20 Inte	rest							
21 Payr	ments to affiliates							
	reciation, depletion, and amortization							
•	irance							
miso exce expe	er expenses. Itemize expenses not covered above (cellaneous expenses in line 24e. If line 24e amount eeds 10% of line 25, column (A) amount, list line 2 enses on Schedule O.)		0			0		0
d DA	NK SERVICE CHARGE	O O	0			U		U
b CC	ONFERENCE AND EVENTS	5,290	0		5	5,290		0
c FU	IND TRANSFER EXPENSE	270	0			270		0
d ME	ERCHANT SERVICES	718	0			718		0
e All	other expenses	17,189	0		17	7,189		0
25 Tota	al functional expenses. Add lines 1 through 24e	107,959	70,230		37	7,729		0
repo educ	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined cational campaign and fundraising solicitation.							
Che	ck here P U if following SOP 98-2 (ASC 958-720)).					Form 99	0 (2022)
		Page 11						
		rage 11						
Form 990	0 (2022)							Page 11
Part X	Balance Sheet							
	Check if Schedule O contains a response or note	e to any line in this Part IX						
	·	•	(A)				(B)	
			Beginning of	year			End of year	r
1	Cash-non-interest-bearing			220,080	1			200,060
2	Savings and temporary cash investments $\ . \ \ .$			4,245	2			
3	Pledges and grants receivable, net				3			
4	Accounts receivable, net				4			
5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst	antial contributor, or 35%			5			
6	controlled entity or family member of any of these Loans and other receivables from other disqualifi section 4958(f)(1)), and persons described in se	ed persons (as defined und	er •		6			
to 7	Notes and loans receivable, net				7			
ets 8	Inventories for sale or use				8			
ssets 8	Prepaid expenses and deferred charges				9			
A		 I			ד			
108	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a						
Ь	Less: accumulated depreciation	10b			10c			
11	Investments—publicly traded securities .	L			11			
12	Investments—other securities. See Part IV, line 1	.1		332,728	12			340,843
13	Investments—program-related. See Part IV, line				13			

	1			ī		
	14	Intangible assets	14			_
	15	Other assets. See Part IV, line 11	15			
	16	Total assets. Add lines 1 through 15 (must equal line 33) 557,053	16		-	540,903
	17	Accounts payable and accrued expenses	17			
	18	Grants payable	18			
	19	Deferred revenue	19			
	20	Tax-exempt bond liabilities	20			
ro.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21			
ĕ.	22	Loans and other payables to any current or former officer, director, trustee, key				
iabilities		employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				
.00			22			
	23	Secured mortgages and notes payable to unrelated third parties	23	<u> </u>		
	24	Unsecured notes and loans payable to unrelated third parties	24	 		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25			
	26	Total liabilities. Add lines 17 through 25 0	26			0
S		Organizations that follow FASB ASC 958, check here ▶ ✓ and				
Fund Balances		complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions	27	<u> </u>		540,903
ä	28	Net assets with donor restrictions	28			
pur		Organizations that do not follow FASB ASC 958, check here ▶ □ and				
Ŧ		complete lines 29 through 33.		İ		
9	29	Capital stock or trust principal, or current funds	29			
ets	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances	32			540,903
Net	33	Total liabilities and net assets/fund balances	33			540,903
	n 990 art XI	Reconcilliation of Net Assets				Page 12
		Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
1	Tot	al revenue (must equal Part VIII, column (A), line 12)	1			94,809
2		al expenses (must equal Part IX, column (A), line 25)	2	-		107,959
3		venue less expenses. Subtract line 2 from line 1	3	-		-13,150
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	+		557,053
5		unrealized gains (losses) on investments	5	+		337,033
6		nated services and use of facilities	6	+		
7		estment expenses	7	+		
8		or period adjustments	8	+		
9		ner changes in net assets or fund balances (explain in Schedule O)	9	+		
	Oti	ter changes in her assets of rand balances (explain in Schedule O)				
10	Net	assets or fund halances at end of year Combine lines 3 through 9 (must equal Part X) line 32, column (B)	10	+		540 903
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			540,903
	Net	Financial Statements and Reporting	10			540,903
				<u> </u>	· ·	
Pa	Acc If t	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	<u></u> 	Yes	No
1	Acc If t Sch	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	· · · · · · · · · · · · · · · · · · ·		No
1	Acc If t Sch We If "	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		2a		
1	Acc If t Sch We If "	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				No No

	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
orm	990 (2022)		
Ad	Iditional Data	Return to	o Form
	Software ID: 22015534		
	Software Version:		
orn	n 990, Special Condition Description:		

TIN: 95-3957498

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2022

Quen to Public

Inspection

Name of the organization **Employer identification number** ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC 95-3957498 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations q Provide the following information about the supported organization(s (i) Name of supported (iii) Type of (v) Amount of (ii) EIN (iv) Is the organization listed (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2022 Form 990 or 990-EZ. Page 2

Schedule A (Form 990) 2022

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	127,958	179,127	323,553	251,555	79,472	961,665
2	include any "unusual grant.") Tax revenues levied for the						
-	organization's benefit and either paid						0
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	127,958	179,127	323,553	251,555	79,472	961,665
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						0
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						961,665
s	line 4. ection B. Total Support						
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	fiscal year beginning in) Amounts from line 4	127,958	179,127	323,553	251,555		961,665
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	14,253	16,670	12,749	19,116		62,788
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets						0
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10 Gross receipts from related activities, 6	to (see instruction)nc)				1,024,453
12	First 5 years. If the Form 990 is for the	•	•			n 501(c)(3) organ	ization check
	this box and stop here	-			•		ization, check
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lin	ie 6, column (f) di	ivided by line 11,	column (f))		14	93.870 %
15	Public support percentage for 2020 Sch					15	93.100 %
16a	33 1/3% support test—2022. If the						_
b		organization did	not check a box o	n line 13 or 16a, a	ind line 15 is 33 1/	3% or more, chec	k this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts	-2022. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes	t—2021. If the o	rganization did no	t check a box on li	ne 13, 16a, 16b, o	or 17a, and line 15	is 10% or
	more, and if the organization meets the "facts-and-circumstances"		•		• •		· _
18	Private foundation. If the organization						
	instructions						▶□
						Schedule A (I	orm 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
ı	Part III Support Schedule fo					٠انگار	D+ II If
	(Complete only if you the organization fails t						er Part II. II
S	ection A. Public Support	,		, ,		,	
	lendar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1				1	1	1	
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3		:		1			
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to ar avacaded on its hehalf	ı	I	1	1	1	1

	to or expended on its bendir	Ī	i	i	1	ı			
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
_	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								0
	from line 6.)								
_	ection B. Total Support				_				
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	fiscal year beginning in) Amounts from line 6						+		
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
_	(less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.						+		
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
	(Explain in Part VI.) Total support. (Add lines 9, 10c,						-		
13	11, and 12.)								
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganiza	tion, cł	neck
	this box and stop here							1	ightharpoons
Se	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lir		•			15			0 %
	Dublic cupport perceptage from 2021 (
16	Public support percentage from 2021 S	schedule A, Part I	III, line 15			16			
	ection D. Computation of Invest	ment Income	Percentage			16			
		ment Income	Percentage			17			0 %
Se	ection D. Computation of Invest	ment Income 22 (line 10c, colu	Percentage umn (f) divided by	/ line 13, column	(f))				0 %
Se 17 18	ection D. Computation of Invest Investment income percentage for 202	ment Income 22 (line 10c, colu 021 Schedule A,	Percentage Imn (f) divided by Part III, line 17	/ line 13, column	(f))	17	line 17	is not	0 %
Se 17 18	Investment income percentage for 202 Investment income percentage from 2	ment Income 22 (line 10c, colu 021 Schedule A, organization did	Percentage Imn (f) divided by Part III, line 17 not check the box	/ line 13, column	(f))	17 18 n 33 1/3%, and			0 %
17 18 19a	Investment income percentage for 20: Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did I stop here. The	Percentage Imn (f) divided by Part III, line 17 not check the box organization qua	/ line 13, column	(f))	17 18 n 33 1/3%, and ation	1	ightharpoons	
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		ii		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	FL		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
•	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
0	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	_		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
-	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a		,		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2022
	Page 5			
	Tage 3			
Sche	dule A (Form 990) 2022		ı	Page 5
Pai	Supporting Organizations (continued)			- 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
J.		11a		<u> </u>
b c	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b 11c		
	VI.	110		
Se	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		1.00	
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			

	supporting organization was vested in the same persons that controlled or managed t	с зар	policia organization(o).			
S	ection D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	ation's i	income or assets at all times	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral P	art Tes	t during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
	The organization supported a governmental entity. Describe in Part VI how you	ou supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part N	/I identify those supported how the organization was	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .					
	b Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations?	rams ai	nd activities of each of its			
	supported organizations: 11 Tes, describe in Part VI. the role played by the organiz	acion ii	Schedule A	3b	. 000)	2022
				(,	
	Page 6 ————					
Cob	adula A (Farm 000) 2022				_	_
	edule A (Form 990) 2022	_a	izations		Р	age 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C			·-·		
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization				е	
	Section A - Adjusted Net Income		(A) Prior Year		ent Yea	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
_	Section B - Minimum Asset Amount		(A) Prior Year		ent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)	1c 1d				

				1		i
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lir	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-	integrat	ed Type III sup		organization (see
	dule A (Form 990) 2022 rt V Type III Non-Functionally Integrated	Page 7	Organ	izations (cor	ntinued	Page 7
	ction D - Distributions	1 303(a)(3) Supporting	Oi gaii	izations (see		Current Year
						current rear
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers $\boldsymbol{\varepsilon}$ excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
		d manida dataila in Dant I/T)				
	Qualified set-aside amounts (prior IRS approval require	u - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ins			6	
7	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
	·				_	
10	Line 8 amount divided by Line 9 amount			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	derdistribution Pre-2022	ns	Distributable Amount for 2022
1 [Distributable amount for 2022 from Section C, line 6					
(Underdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). See instructions.					
	Excess distributions carryover, if any, to 2022:					
	From 2017					
b	From 2018					
	From 2019					
	From 2021					
	Fotal of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 D	istributions for 2022 from Section D, line 7:					
	\$					
	Applied to underdistributions of prior years Applied to 2022 distributable amount					

5 Remaining underdistributions for year			
2022, if any. Subtract lines 3g and 4 If the amount is greater than zero, See instructions.	4a from line 2.		
6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, explain in Part VI . See i	mount is greater		
7 Excess distributions carryover to 3j and 4c.	2023. Add lines		
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			Schedule A (Form 990) (2022)
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a		o, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P	
Part VI Supplemental Information Section A, lines 1, 2, 3b, 30 Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a	o, and 11c; Part IV, Section B, lin o, 2b, 3a and 3b; Part V, line 1; P ond 6. Also complete this part for	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V
Part VI Supplemental Information Section A, lines 1, 2, 3b, 30 Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	o, and 11c; Part IV, Section B, lin o, 2b, 3a and 3b; Part V, line 1; P ond 6. Also complete this part for	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V
Part VI Supplemental Information Section A, lines 1, 2, 3b, 30 Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	o, and 11c; Part IV, Section B, lin o, 2b, 3a and 3b; Part V, line 1; P ond 6. Also complete this part for	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V
Supplemental Informati Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	n, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P nd 6. Also complete this part for nstances Test	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V
Supplemental Informati Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	n, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P nd 6. Also complete this part for nstances Test	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; lart V, Section B, line 1e; Part V any additional information. (See
Supplemental Informati Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	n, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P nd 6. Also complete this part for nstances Test	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; lart V, Section B, line 1e; Part V any additional information. (See
Supplemental Informati Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	n, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P nd 6. Also complete this part for nstances Test	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; lart V, Section B, line 1e; Part V any additional information. (See
Supplemental Informati Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a B; and Part V, Section E, lines 2, 5, a	n, and 11c; Part IV, Section B, lin n, 2b, 3a and 3b; Part V, line 1; P nd 6. Also complete this part for nstances Test	17a or 17b; Part III, line 12; Part IV, es 1 and 2; Part IV, Section C, line 1; lart V, Section B, line 1e; Part V any additional information. (See

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ObjectId: 202331359349314083 - Submission: 2023-05-15 efile Public Visual Render TIN: 95-3957498 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. **2022** Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC 95-3957498 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person Payroll
		\$ RESTRICTED	Noncash
	′		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-</u>			Person
		\$	Payroll
			Noncash
<u></u>	(1-)	(a)	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
	·	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
Schedule B	(Form 990) (2022)		Page 3
Name of org		Employer identification	on number
		95-3957498	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	(-1)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

_				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
- (-)				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
Schedule	B (Form 990) (2022)	——————————————————————————————————————			Schedule B (Form 990) (2022) Page 4
Name of or	` ' '	IC			tification number
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) the total of exclusively religious, characteristics.) ► \$	rough (e) a	and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationshi	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationshi	o of transferor to	transferee
(a)	(h) Purpose of gift	(c) Use of gift		(d) Descrir	ntion of how aift is held

Part I	(b) i dipose oi giit	(0) 030 01 9110	(a) Description of now gire is not
. =			
_	Transferee's name, address, and Zli	(e) Transfer of gift P 4 Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and Zli	(e) Transfer of gift P 4 Rela	tionship of transferor to transferee
			Schedule B (Form 990) (2022)

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	ME OF THE OFGANIZATION IENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC	Employer identification number						
		95-3957498						
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	or Accounts.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(h) Funds and other accounts						
		(b) Funds and other accounts						
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose oprivate benefit?							
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
	Preservation of land for public use (e.g., recreation or education)	historically important land area						
	Protection of natural habitat Preservation of a c	certified historic structure						
		seremed historic structure						
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year.	Held at the End of the Year						
а	Total number of conservation easements	2a						
b	Total acreage restricted by conservation easements	2b						
c	Number of conservation easements on a certified historic structure included in (a)	2c						
d	·							
u	structure listed in the National Register	Zu						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year							
4	Number of states where property subject to conservation easement is located							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved to the second control of the	vation easements during the year						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	nse statement, and						
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in furth Part XIII, the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement an historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	erance of public service, provide the						
(i) Revenue included on Form 990, Part VIII, line 1	> \$						
(i	i)Assets included in Form 990, Part X	> \$						
2	If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under FASB ASC 958 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1	. \$						

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Hist	oric	al Tr	easures	, or Other	Similar A	ssets (co	ntinued)	
3		ng the organization's acquisitions acquisitions acquisited (check all that apply):		, and other re	ecords, che	ck ar	ny of t	he followi	ng that are a	significant (use of its c	ollection	
а		Public exhibition				d		Loan or e	xchange pro	grams			
b		Scholarly research				е		Other					
С		Preservation for future	e generations										
4		vide a description of the o	-	ections and e	xplain how	they	furth	er the org	anization's e	xempt purpo	se in		
5		ing the year, did the orga ets to be sold to raise fur									☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the org line 21.			on Form 9	90,	Part 1	IV, line 9	, or reporte	ed an amou	nt on For	m 990,	Part X,
1a		ne organization an agent uded on Form 990, Part)									☐ Yes		lo
b	If "	Yes," explain the arrange	ement in Part XIII	and complete	the follow	ing ta	able:			A	mount		
c		inning balance		·		-			1c				
d	Add	itions during the year .							1d				_
е	Dist	ributions during the year	r						1e				_
f	End	ing balance							1f				_
2a	Did	the organization include	an amount on Fo	rm 990, Part 1	X, line 21,	for es	scrow	or custodi	ial account li	ability?	☐ Yes		lo
b		es," explain the arrange								•			
Pa	rt V	Endowment Fund			•			•					
		Complete if the org	ganization answ							T			
1-	Rogir	nning of year balance .		(a) Current	year (b) Prio	or year	(c) T	wo years back	(d) Three ye	ars back (e	e) Four yea	irs back
	_												
		ibutions	as and laces										
		nvestment earnings, gain											
		ts or scholarships											
	and p	r expenditures for facilitien control representations of the control representation of the contr											
		nistrative expenses .											
g	End o	of year balance											
2 a		vide the estimated perce rd designated or quasi-e	-	nt year end b	oalance (lin	e 1g,	colun	nn (a)) he	ld as:				
b	Peri	manent endowment 🕨											
С	Terr	n endowment 🕨											
	The	percentages on lines 2a	, 2b, and 2c shou	d equal 100%	6.								
За		there endowment funds anization by:	not in the posses	sion of the or	ganization	that a	are he	eld and ad	ministered fo	or the		Yes	No
		Unrelated organizations				•			•		3a(-	
		Related organizations				•			•		3a(i	-	
ь 4		res" on 3a(ii), are the rel cribe in Part XIII the inte			'						3b	'	<u></u>
	rt VI				- CHAOWING		nas.						
га	CVI	Complete if the ord	• •		on Form 9	90,	Part 1	IV, line 1	1a. See Foi	m 990, Pa	rt X, line	10.	
	Desc	ription of property	(a) Cost or oth (investme	,	(b) Cost or o	ther b	asis (o	ther) (c)	Accumulated	depreciation	(d)	Book valu	е
1a	Land												
		ings											
		ehold improvements											
		oment											
		r											
		d lines 1a through 1e. (C	L Column (d) must e	gual Form 99	0, Part X. o	colum	n (B)	. line 10(c	.),)	•			

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990) Dowt T\/	ling 11h Cog Eg	um 000 Paut V lina	12
	(a) Description of security or category	(b) Boo	K	(c) Method of valuation	on:
(1) Financia	(including name of security)	value 340,84		st or end-of-year marke C	et value
(2) Closely	-held equity interests	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)	340,84	3		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990) Part IV	line 11c See Fo	orm 990 Part X line	13
	(a) Description of investment	,, raic 11,	(b) Book value	(c) Method of Cost or end-of-year	f valuation:
(1)				cost of cha of year	ar market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990	Part IV I	ine 11d. See For	m 990 Part X line 15	
	(a) Description	, raic iv, i	110. 300 101		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990	, Part IV, I	ine 11e or 11f.S	See Form 990, Part)	X, line 25.
1.	(a) Description of liab				(b) Book valu

(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Γotal	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
2. Lia	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to	the org	ganization's financial sta	tements	that reports the
rgar	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here	if the t	text of the footnote has	been pr	ovided in Part XIII
				Sched	ule D (Form 990) 202
	Page 4 ——				
Sche	dule D (Form 990) 2021				Page (
	rt XI Reconciliation of Revenue per Audited Financial Stateme			eturn.	
	Complete if the organization answered 'Yes' on Form 990, Part			1 _ 1	
1	Total revenue, gains, and other support per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a- I			
a L	Net unrealized gains (losses) on investments	2a 2b		-	
b	Donated services and use of facilities	20 2c			
c d	Recoveries of prior year grants	2d			
	Add lines 2a through 2d	Zu		2e	
е 3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	T XII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per	Return	ı.
	Complete if the organization answered 'Yes' on Form 990, Part		e 12a.	T .	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2a 2b		\dashv	
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		1	
b				4c	
b c	Add lines la dila ib i i i i i i i i i i i i i i i i i i				ł
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
c 5				5	

Schedule D (Form 990) 2021

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Open to Public

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization

ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC

Employer identification number

95-3957498

	92-350			
Return Reference	Explanation			
Pt V, Line 3b	THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME.			
Pt VI, Line 6	THE ORGANIZATION HAS MEMBERS THAT MEET ONCE A YEAR IN GENERAL MEETING.			
Pt VI, Line 7a	THE GENERAL MEETING OF MEMBERS ELECT MEMBERS OF GOVERNING BODY.			
Pt VI, Line 7b	THE GENERAL MEETING OF MEMBERS DECIDE ON MAJOR GUIDLINES OF OF ORGANIZATION, THAT THE GOVERNING BODY HAS TO FOLLOW.			
Pt VI, Line 11b	FORM 990 IS PRESENTED TO MEMBERS AT ANNUAL GENERAL MEETING.			
Pt VI, Line 12c	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND INFORCES COMPLIANCE WITH CONFLICT OF INTEREST POLICY.			
Form 990, Part IX, Line 24e	POSTAGE AND SHIPPING 641. 0. 641. 0.			
Form 990, Part IX, Line 24e	PRINTING AND PUBLICATIUONS 150. 0. 150. 0.			
Form 990, Part IX, Line 24e	SUPPLIES 43. 0. 43. 0.			
Form 990, Part IX, Line 24e	TELEPHONE 403. 0. 403. 0.			
Form 990, Part IX, Line 24e	EQUIPMENT 7827. 0. 7827. 0.			
Form 990, Part IX, Line 24e	OTHER EXPENSES 8125. 0. 8125. 0.			
	stian Act Nation can the Instructions for Form 900 or 900 F7 (2t. No. 51056// Schodula O (Form 900) 202			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2021

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