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990

Form Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public  
Inspection

## A For the 2008 calendar year, or tax year beginning

and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>ARMENIAN GENERAL BENEVOLENT UNION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>55 EAST 59TH STREET</b>		D Employer identification number <b>13-5600421</b>
	Room/suite		E Telephone number <b>(212) 319-6383</b>
	City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10022</b>		F Gross receipts \$ <b>99,376,953</b>
	F Name and address of principal officer: <b>YERVANT DEMIRJIAN</b> <b>SAME AS C ABOVE</b>		G H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: ► <b>WWW.AGBU.ORG</b>		H(c) Group exemption number ► <b>3313</b>
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1959</b> M State of legal domicile: <b>NY</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PRESERVE AND PROMOTE THE ARMENIAN IDENTITY AND HERITAGE.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>19</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>19</b>	
	5 Total number of employees (Part V, line 2a)	5 <b>74</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>370</b>	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>25,109,644.</b>	Current Year <b>i2 449 892</b>
	9 Program service revenue (Part VIII, line 2g)	<b>9,491,173.</b>	<b>463 550</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,837,713.</b>	<b>- 6 986 966</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>10,347,740.</b>	<b>91 978</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>50,785,570.</b>	<b>6 018 454.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>32,701,289.</b>	<b>11 221 050</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,870,553.</b>	<b>3 132 971</b>	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► <b>222,000</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,964,247.</b>	<b>4 413 204</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>36,536,089.</b>	<b>18 767 225</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>14,249,481.</b>	<b>- i2 743 771</b>	
Net Assets or Fund Balances	Beginning of Year <b>233,605,276.</b>	End of Year <b>206 936 648</b>	
	<b>3,735,220.</b>	<b>1 135 996</b>	
	<b>229,870,056.</b>	<b>205 800 652</b>	
	<b>OPEN</b>		

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign  
Here

Signature of officer

YERVANT DEMIRJIAN, ASSISTANT TREASURER

Type or print name and title

Date

Paid  
Preparer's  
Use OnlyPreparer's  
signatureFriedman LLP  
100 EAGLE ROCK AVENUE SUITE 200  
EAST HANOVER, NJ 07936Date  
**12/31/09**Check if  
self-  
employed  
► Preparer's identifying number  
(see instructions)

EIN ►

Phone no. ► (973) 929-3500

X Yes  No

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

## Part III Statement of Program Service Accomplishments (see instructions)

1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION <b>TO PROMOTE THE EDUCATIONAL, CULTURAL, PHYSICAL, SPIRITUAL AND MORAL DEVELOPMENT OF THE ARMENIAN PEOPLE, EVERYWHERE. TO AID NEEDY ARMENIANS EVERYWHERE AND PROMOTE THEIR GENERAL WELFARE. TO PROMOTE WORKS AND PUBLICATIONS AND ESTABLISH KINDERGARTENS, ELEMENTARY</b>		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code: ) (Expenses \$ 4,400,109. including grants of \$ ) (Revenue \$ )	<b>EDUCATIONAL PROGRAMS CONSIST OF 17 SCHOOLS THAT PROVIDE AN ARMENIAN EDUCATION TO APPROXIMATELY 5,500 STUDENTS AND SCHOLARSHIPS AND GRANTS TO APPROXIMATELY 400 QUALIFIED STUDENTS.</b>	
4b	(Code: ) (Expenses \$ 5,703,309. including grants of \$ ) (Revenue \$ )	<b>CULTURAL PROGRAMS INCLUDE THE OPERATION OF VARIOUS CULTURAL CENTERS THROUGHOUT THE WORLD. THESE CENTERS PROVIDE PLACES FOR CULTURAL, EDUCATIONAL AND OTHER ACTIVITIES. THE ORGANIZATION ALSO SUPPORTS YOUTH ORGANIZATIONS, CAMPS AND SPORTS ACTIVITIES WHOSE OBJECTIVE IS TO PROVIDE THE ARMENIAN HERIGAGE TO THE CHILDREN. NEWSLETTERS THAT PROVIDE EDUCATIONAL AND CULTURAL INFORMATION ARE PUBLISHED ON A PERIODIC BASIS.</b>	
4c	(Code: ) (Expenses \$ 1,537,095. including grants of \$ ) (Revenue \$ )	<b>HUMANITARIAN PROGRAMS INCLUDES SUPPORT FOR NEEDY PEOPLE THROUGHOUT THE ARMENIAN WORLD COMMUNITY.</b>	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 2,812,517. including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses ► \$ 14,453,030. (Must equal Part IX, Line 25, column (B).)		

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No", go to question 25</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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?	24a X 24b 24c 24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 X	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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? If "Yes," complete Schedule R, Part VI	37	X

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	44
1b		1b	0
1c		1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: ► <u>SEE SCHEDULE O</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter: <u>N/A</u>	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter: <u>N/A</u>		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

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**Part VI** **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a	19	
1b	19	
2	X	
3		X
4		X
5		X
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9a	X	
9b	X	
10	X	
11		X

**Section B. Policies**

	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 <b>SEE SCHEDULE O</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	
13	Does the organization have a written whistleblower policy?	
14	Does the organization have a written document retention and destruction policy?	
15	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:	
a	The organization's CEO, Executive Director, or top management official?	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	
16b		X

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>NJ, NY, IL, MA, MI, DC, CA</b>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>BEDROS PIANDARIAN - 212-319-6383</b>	
	<b>55 EAST 59TH STREET, NEW YORK, NY, NEW YORK, NY 10022-1112</b>	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
BERGE SETRAKIAN <u>PRESIDENT</u>	10.00	X		X			0.	0.	0.
ARSHAVIR GUNDJIAN <u>VICE PRESIDENT</u>	10.00	X		X			0.	0.	0.
SAM SIMONIAN <u>TREASURER</u>	10.00	X		X			0.	0.	0.
BERGE PAPAZIAN <u>SECRETARY</u>	10.00	X		X			0.	0.	0.
HIS HOLINESS KAREKIN II <u>HONORARY MEMBER</u>			X				0.	0.	0.
M. MICHAEL ANSOUR <u>MEMBER</u>	5.00	X					0.	0.	0.
CAROL ASLANIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
ARIS ATAMIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
SINAN SINANIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
DICKRAN TEVRIZIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
RUBEN KECHICHIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
VAHE GABRACHE <u>MEMBER</u>	5.00	X					0.	0.	0.
VASKEN YACOUBIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
JOSEPH BASRALIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
YERVANT DEMIRJIAN <u>ASSISTANT TREASURER</u>	5.00	X		X			0.	0.	0.
NAZARETH FESTEKJIAN <u>MEMBER</u>	5.00	X					0.	0.	0.
ARDA NAZERIAN HARATUNIAN <u>MEMBER</u>	5.00	X					0.	0.	0.

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SARKIS JEBEJIAN ASSISTANT SECRETARY	5.00	X	X				0.	0.	0.
LEVON NAZARIAN MEMBER	5.00	X					0.	0.	0.
SARKIS DEMIRDJIAN TRUSTEE	3.00	X					0.	0.	0.
RICHARD MANOOGIAN TRUSTEE	3.00	X					0.	0.	0.
NAZAR NAZARIAN TRUSTEE	3.00	X					0.	0.	0.
LOUISE SIMONE TRUSTEE	3.00	X					0.	0.	0.
KARNIG YACOUBIAN TRUSTEE	3.00	X					0.	0.	0.
YERVANT ZORIAN MEMBER	5.00	X					0.	0.	0.
ANITA ANSERIAN DIRECTOR	40.00			X			138,138.	0.	5,013.
BEDROS PIANDARIAN ACCOUNTING DIRECTOR	40.00			X			119,120.	0.	0.
<b>1b Total</b>						►	<b>510,516.</b>	<b>0.</b>	<b>5,013.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 3

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CADENCE CAPITAL MANAGEMENT LLC 265 FRANKLIN STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	121,855.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

## Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 66,970. 1f 12,382,922. 79,817. ►	12,449,892.			
Program Service Revenue	2 a PROGRAM SERVICE REVENUE b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 611600	463,550.	463,550.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	(i) Real 84,579,729. 93,342,318. -8,762,589. (i) Securities a b c d a b c a b c a b c a b c a b c d e f	1775623. 11,639. 51,716. -8,762,589. ►	1,775,623. 11,639. 51,716. -8,762,589. ►		

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,910,933.	1,910,933.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	81,324.	81,324.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	9,228,793.	9,228,793.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	372,378.		372,378.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,169,991.	595,675.	1,465,341.	108,975.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,856.		32,856.	
9 Other employee benefits	345,208.	20,708.	324,500.	
10 Payroll taxes	212,538.	15,288.	197,250.	
11 Fees for services (non-employees):				
a Management				
b Legal	70,307.		70,307.	
c Accounting	89,713.	7,050.	82,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	818,251.		818,251.	
g Other	88,712.	36,336.	52,376.	
12 Advertising and promotion	98,007.	34,527.	63,480.	
13 Office expenses	65,795.	20,480.	45,315.	
14 Information technology				
15 Royalties				
16 Occupancy	147,410.	6,750.	140,660.	
17 Travel	93,836.	29,303.	64,533.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,607.		2,761.	47,846.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,043.	169,043.		
23 Insurance	114,687.	10,935.	103,752.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ACTIVITY EXPENSES	1,310,665.	1,310,665.		
b PUBLICATIONS	387,792.	387,792.		
c CAMP FOOD/MEALS	195,859.	120,459.	75,400.	
d INTERNET, TELEPHONE, UT	193,195.	122,819.	70,376.	
e CONSULTING FEES	41,773.		41,773.	
f All other expenses	477,552.	344,150.	68,223.	65,179.
25 Total functional expenses. Add lines 1 through 24f	18,767,225.	14,453,030.	4,092,195.	222,000.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,373,509.	1	4,450,508.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,097,269.	4	1,129,301.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 40,497,733.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 395,990.	10c	40,101,743.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	181,170,263.	12	159,441,109.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,170,576.	15	1,813,987.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	233,605,276.	16	206,936,648.
Liabilities	17 Accounts payable and accrued expenses	3,341,943.	17	1,135,996.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	393,277.	23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,735,220.	26	1,135,996.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,242,892.	27	21,490,737.
	28 Temporarily restricted net assets	36,256,520.	28	34,498,326.
	29 Permanently restricted net assets	157,370,644.	29	149,811,589.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	229,870,056.	33	205,800,652.
	34 Total liabilities and net assets/fund balances	233,605,276.	34	206,936,648.

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

## Public Charity Status and Public Support

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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**Name of the organization**

**Employer identification number**

## ARMENIAN GENERAL BENEVOLENT UNION

13-5600421

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is. (Please check only one organization.)

1  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)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)

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.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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 the Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**IHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,779,444	17,265,669	31,210,375	28,353,751	14,375,634	107,984,873
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	16,779,444	17,265,669	31,210,375	28,353,751	14,375,634	107,984,873
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,152,013
6 Public Support. Subtract line 5 from line 4						93,832,860

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	16,779,444	17,265,669	31,210,375	28,353,751	14,375,634	107,984,873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,200,798	5,797,928	5,027,429	6,986,496	4,183,930	27,196,581
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						135,181,454
12 Gross receipts from related activities, etc. (see instructions)					12	37,323,394
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	69.41	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62.74	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and 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 organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total. Add lines 1 - 5</b>						
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>						
<b>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000</b>						
<b>c Add lines 7a and 7b</b>						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						
<b>c Add lines 10a and 10b</b>						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	175,071,693.				
b Contributions	258,398.7.				
c Investment earnings or losses	261,895.0.				
d Grants or scholarships					
e Other expenditures for facilities and programs	280,607.7.				
f Administrative expenses	436,875.				
g End of year balance	177,031,678.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 20.00 %  
 b Permanent endowment ► 80.00 %  
 c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	X
3a(ii)	X
3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		39,360,625.		39,360,625.
c Leasehold improvements		438,036.		438,036.
d Equipment		699,072.	395,990.	303,082.
e Other				
<b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b>			►	40,101,743.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>MONEY MARKET FUNDS</b>	<b>7,273,870.</b>	<b>COST</b>
<b>MUTUAL FUNDS AND OTHER</b>	<b>23,005,522.</b>	<b>COST</b>
<b>HEDGE FUNDS</b>	<b>23,250,000.</b>	<b>COST</b>
<b>BONDS</b>	<b>30,240,269.</b>	<b>COST</b>
<b>EQUITIES</b>	<b>66,690,502.</b>	<b>COST</b>
<b>GOVERNMENT BONDS</b>	<b>8,980,946.</b>	<b>COST</b>

**Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► 159,441,109.**

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

**Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,018,454.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,767,225.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-12,748,771.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,320,633.
9	Total adjustments (net). Add lines 4-8	9	-11,320,633.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-24,069,404.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,018,454.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,018,454.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,018,454.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	18,767,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,767,225.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,767,225.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: EARNINGS FROM ENDOWMENT FUNDS ARE EXPENDED TO FUND THE**

**ORGANIZATION'S PROGRAMS IN ACCORDANCE WITH THE ENDOWMENT'S PURPOSE.**

---

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

---

**A. ADJUSTMENT TO REMOVE FOREIGN CHAPTERS AND DISTRICTS NET**

**ASSETS: -14771143.**

**B. PRIOR PERIOD ADJUSTMENT TO RECORD CONTRIBUTION OF REAL ESTATE: 2611402.**

**C. SUBSIDIARY INTERFUND TRANSFER: 839108.**

**Schedule F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

ARMENIAN GENERAL BENEVOLENT UNIONEmployer identification number  
13-5600421**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
<u>EAST ASIA AND THE PACIFIC</u>	0	0	<u>EDUCATIONAL AND CULTURAL</u>		<u>131,950.</u>
<u>EUROPE</u>	0	0	<u>EDUCATIONAL, CULTURAL, AND HUMANITARIAN</u>		<u>801,736.</u>
<u>MIDDLE EAST AND NORTH AFRICA</u>	0	0	<u>EDUCATIONAL, CULTURAL, AND HUMANITARIAN</u>		<u>960,640.</u>
<u>NORTH AMERICA</u>	0	0	<u>EDUCATIONAL AND CULTURAL</u>		<u>868,496.</u>
<u>RUSSIA AND THE NEWLY INDEPENDENT STATES</u>	1	13	<u>EDUCATIONAL AND CULTURAL</u>	<u>CAMP, PHILHARMONIC ORCHESTRA, YOUTH TOURS, INTERN PROGRAM, RELIGIOUS INSTITUTION</u>	<u>5,123,175.</u>
<u>SOUTH AMERICA</u>	0	0	<u>EDUCATIONAL, CULTURAL, AND HUMANITARIAN</u>		<u>1,076,458.</u>
<b>Totals</b>	<b>► 1</b>	<b>13</b>			<b>8,962,455.</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

832071  
12-18-08

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	1 (b) IRS code section and EIN (if applicable)	2 (c) Region	3 (d) Purpose of grant	4 (e) Amount of cash grant	5 (f) Manner of cash disbursement	6 (g) Amount of non-cash assistance	7 (h) Description of non-cash assistance	8 (i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CULTURAL	5,200.				
		EAST ASIA AND THE PACIFIC	CULTURAL	126,750.				
		EUROPE	CULTURAL	612,750.				
		EUROPE	CULTURAL	5,800.				
		EUROPE	CULTURAL	9,520.				
		EUROPE	INCOME DISTRIBUTION	7,087.				
		EUROPE	RELIEF	29,138.				
		MIDDLE EAST AND NORTH AFRICA	CULTURAL, EDUCATIONAL, AND HUMANITARIAN	88,280.4				

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATIONAL AND CULTURAL	EUROPE	3	33,956.		0.		
CULTURAL AND HUMANITARIAN	SOUTH AMERICA	1	26,000.		0.		
EDUCATIONAL AND CULTURAL	RUSSIA AND THE NEWLY INDEPENDENT STATES	3	33,320.		0.		

**Part IV Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

PART I, LINE 3, COLUMN (E):

## REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: CAMP, PHILHARMONIC ORCHESTRA,

**YOUTH TOURS, INTERN PROGRAM, RELIGIOUS INSTITUTION AND HOSPITAL**

## CONSTRUCTION, CHILDRENS CENTER

## Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL	20,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN	13,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	RELIGIOUS EDUCATION	44,836.		0.		
		NORTH AMERICA	EDUCATIONAL	156378.		0.		
		NORTH AMERICA	EDUCATIONAL	693466.		0.		
		NORTH AMERICA	CULTURAL	12,652.		0.		
		NORTH AMERICA	CULTURAL	6,000.		0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	EDUCATIONAL	63,000.		0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CULTURAL	212877.		0.		

## Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	RUSSIA AND THE NEWLY INDEPENDENT STATES	EDUCATIONAL		30,000.		0.		
	RUSSIA AND THE NEWLY INDEPENDENT STATES	CULTURAL		905149.		0.		
	RUSSIA AND THE NEWLY INDEPENDENT STATES	CULTURAL		525000.		0.		
	RUSSIA AND THE NEWLY INDEPENDENT STATES	RELIGIOUS EDUCATION		3,155,029.		0.		
		SOUTH AMERICA	CULTURAL	20,000.		0.		
		SOUTH AMERICA	EDUCATIONAL	436600.		0.		
		SOUTH AMERICA	EDUCATIONAL	569158.		0.		
		SOUTH AMERICA	CULTURAL	24,700.		0.		
	EUROPE	EDUCATIONAL		40,900.		0.		

1 (a) Name of organization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
EUROPE	EDUCATIONAL						
EUROPE	EDUCATIONAL						
EUROPE	EDUCATIONAL						
RUSSIA AND THE NEWLY INDEPENDENT STATES	CULTURAL						

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

OMB No 1545-0047  
2008  
Open to Public,  
Inspection

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRS section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
AGBU MANGOOGIAN-DEMIRDJIAN SCHOOL 6844 OAKDALE AVENUE CANOGA PARK, CA 91306	95-3042495		417,154.	0.			INC.DIST.07-RAYTN.NAZARIA HALL & DANTS.
AGBU PASADENA HIGH SCHOOL 2495 E. MOUNTAIN ST. PASADENA, CA 91104	95-3042495		750,000.	0.			EDUCATIONAL
AMERICAN UNIVERSITY OF ARMENIA (AUA) - 300 LAKESIDE DR. 13TH FLOOR - OAKLAND, CA 94612	94-3140704		442,500.	0.			EDUCATIONAL
ARMENIAN LIBRARY AND MUSEUM OF AMERICA, INC. - 65 MAIN STREET - WATERDOWN, MA 02474	22-2778232		10,000.	0.			CULTURAL
HOLY MARTYRS ARMENIAN DAY SCHOOL 209-15 HORACE HARDING BLVD BAYSIDE, NY 11364	11-2492685		11,950.	0.			EDUCATIONAL
NEW YORK PRESBYTERIAN HOSPITAL 177 FORT WASHINGTON AVENUE NEW YORK, NY 10032	13-3957095		42,153.	0.			HUMANITARIAN
2 Enter total number of section 501(c)(3) and government organizations							► 2
3 Enter total number of other organizations							► 3

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Schedule I (Form 990) 2008**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	27	81,324	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS ARE PAID DIRECTLY TO THE****INSTITUTION THAT THE RECIPIENT ATTENDS. TO MAINTAIN ELIGIBILITY, STUDENTS****MUST MAINTAIN CERTAIN GRADES AND SUBMIT AN APPLICATION, TRANSCRIPTS, AND****FINANCIAL INFORMATION TO DETERMINE ELIGIBILITY.**

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 ▲ Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047  
 2008  
 Open to Public  
 Inspection

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DIOCESE OF THE ARMENIAN CHURCH 630 SECOND AVENUE NEW YORK, NY 10016	13-1628202		7,381.	0.			RELIGIOUS EDUCATION
UNDP REPRESENTATIVE IN ARMENIA 1 UNITED NATIONS PLAZA NEW YORK, NY 10017-3575			6,000.	0.			CULTURAL
UNITED ARMENIAN FUND 1101 NORTH PACIFIC AVENUE, SUITE 200 GLENDALE, CA 91202	95-4485598		22,000.	0.			HUMANITARIAN
USC INSTITUTE OF ARMENIAN STUDIES 3501 TROUSDALE PKWY LOS ANGELES, CA 90089-4455	95-1642394		10,000.	0.			EDUCATIONAL
YERVANT BABAYAN PEDAGOGICAL INSTITUTE - 11934 DUNNIDLIFFE COURT - PORTER RANCH, CA 91326	95-3042495		10,000.	0.			EDUCATIONAL
NOR OR PUBLISHIN ASSOCIATION, INC 1901 N. ALLEN AVENUE ALTADENA, CA 91001	94-1056417		10,120.	0.			CULTURAL
CAL STATE UNIVERSITY NORTHRIDGE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	95-1992732		20,000.	0.			EDUCATIONAL
HOVSEPIAN SCHOOL 2215 E COLORADO BLVD PASADENA, CA 91170	95-2583160		20,000.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

OMB No. 1545-0047  
 2008  
 Open to Public  
 Inspection

Continuation Sheet for Schedule I (Form 990)  
 ▲ Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCLA 1920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143		10,000	0			EDUCATIONAL
TCA ARSHAG DICKRANIAN ARMENIAN SCHOOL - 1200 N. CAHUENGA BLVD - LOS ANGELES, CA 90038	95-3671737		20,000	0			EDUCATIONAL
SYRACUSE UNIVERSITY (VARDAN BARGEHIAN) - 102 ARCHBOLD NORTH, SYRACUSE - SYRACUSE, NY 13244-1140	15-0532281		7,500	0			EDUCATIONAL
UNIV. OF CHICAGO GRAD. SCHL OF BUSINESS - (GEVORK AZATYAN) - OFC. OF THE BORSAR, 5801 S. ELLIS AVE. ADM 101 - CHICAGO, IL 60637	36-2177139		6,000	0			

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

Employer identification number

**13-5600421**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?  
b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?  
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANITA ANSERIAN	(i) 138,138.	0.	0.	5,013.	0.	143,151.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BEDROS PIANDARIAN	(i) 119,120.	0.	0.	0.	0.	119,120.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN CHERKEZIAN	(i) 253,258.	0.	0.	0.	0.	253,258.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(iv) 0.	0.	0.	0.	0.	0.	0.
	(v) 0.	0.	0.	0.	0.	0.	0.
	(vi) 0.	0.	0.	0.	0.	0.	0.
	(vii) 0.	0.	0.	0.	0.	0.	0.
	(viii) 0.	0.	0.	0.	0.	0.	0.
	(ix) 0.	0.	0.	0.	0.	0.	0.
	(x) 0.	0.	0.	0.	0.	0.	0.
	(xi) 0.	0.	0.	0.	0.	0.	0.
	(xii) 0.	0.	0.	0.	0.	0.	0.
	(xiii) 0.	0.	0.	0.	0.	0.	0.
	(xiv) 0.	0.	0.	0.	0.	0.	0.
	(xv) 0.	0.	0.	0.	0.	0.	0.
	(xvi) 0.	0.	0.	0.	0.	0.	0.
	(xvii) 0.	0.	0.	0.	0.	0.	0.
	(xviii) 0.	0.	0.	0.	0.	0.	0.
	(xix) 0.	0.	0.	0.	0.	0.	0.
	(xx) 0.	0.	0.	0.	0.	0.	0.
	(xxi) 0.	0.	0.	0.	0.	0.	0.
	(xxii) 0.	0.	0.	0.	0.	0.	0.
	(xxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxv) 0.	0.	0.	0.	0.	0.	0.
	(xxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxviii) 0.	0.	0.	0.	0.	0.	0.
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	(xxxv) 0.	0.	0.	0.	0.	0.	0.
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Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

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**Name of the Organization**

Employer Identification number  
**13-5600421**

ARMENIAN GENERAL BENEVOLENT UNION 15-300021

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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Schedule J-2 (Form 990) 2008

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

Employer identification number

**13-5600421**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	79,817	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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Schedule M (Form 990) 2008

832141  
03-11-09

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

SCHOOLS, HIGH SCHOOLS AND COLLEGES. TO ASSIST HUMANITARIAN ENDEAVORS  
WHICH ARE CONSISTENT WITH THESE PURPOSES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

RELIGIOUS

EXPENSES \$ 2812517. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:**

SWITZERLAND, EGYPT, LEBANON, CYPRUS,  
ETHIOPIA, FRANCE, SWEDEN, ARMENIA,  
CANADA, BERMUDA

**FORM 990, PART VI, SECTION A, LINE 2: MEMBERS OF THE BOARD ARE RELATED AS  
FOLLOWS, TRUSTEES DO NOT HAVE VOTING RIGHTS:**

VASKEN YACOUBIAN (DIRECTOR) - NEPHEW AND KARNIG YACOUBIAN (TRUSTEE) - UNCLE  
YERVANT DEMIRJIAN (DIRECTOR) - SON AND SARKIS DEMIRDJIAN (TRUSTEE) - FATHER  
RICHARD MANOOGIAN (TRUSTEE) AND LOUISE SIMONE (TRUSTEE) - SIBLINGS  
LEVON NAZARIAN (DIRECTOR) - SON AND NAZAR NAZARIAN (TRUSTEE) - FATHERTING

**FORM 990, PART VI, SECTION A, LINE 6: ANY PERSON OF ARMENIAN EXTRACTION  
IN ANY PART OF THE WORLD WHO SUBSCRIBES TO THE PURPOSES OF THE  
ORGANIZATION, AGREES TO ABIDE BY THE CERTIFICATE OF INCORPORATION AND  
BY-LAWS IS ELIGIBLE TO BECOME A MEMBER.**

**FORM 990, PART VI, SECTION A, LINE 7A: A MEMBER WHO PAYS MEMBERSHIP DUES**

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832211  
12-18-08

Schedule O (Form 990) 2008

## Supplemental Information to Form 990

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Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

AND HAS BEEN A MEMBER FOR A PERIOD OF AT LEAST ONE YEAR IS ENTITLED TO VOTE  
AT ANY MEETING OF THE CHAPTER TO WHICH HE BELONGS AND TO HOLD OFFICE  
THEREIN.

FORM 990, PART VI, SECTION A, LINE 10: THE OFFICERS OF THE ORGANIZATION  
REVIEWED A DRAFT OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION IS CURRENTLY  
DEVELOPING A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND DOCUMENT  
RETENTION AND DESTRUCTION POLICY FOR IMPLEMENTATION.

FORM 990, PART VI, SECTION B, LINE 15: MEMBERS OF THE ORGANIZATION'S  
EXECUTIVE COMMITTEE ARE NOT COMPENSATED. COMPENSATION FOR TOP MANAGEMENT  
OFFICIALS IS DETERMINED BY THE EXECUTIVE COMMITTEE. MEETINGS TO DISCUSS  
THE DETERMINATION OF COMPENSATION ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS 990  
AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDESTAR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.

AGBU WORLD WIDE ACTIVITIES

BACKGROUND:

THE ARMENIAN GENERAL BENEVOLENT UNION (AGBU) WAS FOUNDED IN 1906. IT

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832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

IS THE OLDEST AND LARGEST ARMENIAN NON-PROFIT ORGANIZATION IN THE WORLD. HEADQUARTERED IN NEW YORK CITY, IT MAINTAINS OPERATIONS IN 26 COUNTRIES, SPANNING 6 CONTINENTS.

IT CONCENTRATES ITS ACTIVITIES IN EDUCATIONAL, CULTURAL, HUMANITARIAN AND YOUTH PROGRAMS AND SERVES 400,000 ARMENIAN WORLDWIDE ANNUALLY WITH ITS OUTREACH PROGRAMS.

PROGRAMS:

AGBU EDUCATIONAL PROGRAMS ENCOMPASS SCHOOLS IN 12 COUNTRIES. THESE PROGRAMS INCLUDE SATURDAY LANGUAGE SCHOOLS, FULLY ACCREDITED PROGRAMS IN THE U.S. FOR GRADES PRE-K THROUGH HIGH SCHOOL AND SCHOOLS ABROAD, AND THE AMERICAN UNIVERSITY OF ARMENIA. IT HAS ACTIVE SCHOLARSHIP PROGRAMS FOR COLLEGE AND GRADUATE STUDENTS WORLDWIDE

ITS CULTURAL PROGRAMS INCLUDE SUPPORT OF ORCHESTRAS, DANCE ENSEMBLES, THEATER, ART, LITERARY AND MUSIC GROUPS AND EVENTS THROUGHOUT THE WORLD.

ITS HUMANITARIAN PROGRAMS INCLUDE DINING CENTERS, MEDICAL FACILITIES, CHILDREN CENTERS AND SUPPORT OF RELIGIOUS PROGRAMS AND EDUCATION.

ITS YOUTH PROGRAMS ENCOMPASS A DIVERSE RANGE OF ACTIVITIES. IT HAS 39 YOUNG PROFESSIONAL GROUPS WORLDWIDE. AGBU SUPPORTS SUMMER INTERNSHIP PROGRAMS (NEW YORK, PARIS AND YEREVAN) WHERE INTERNATIONAL YOUTH WORK IN SELECTED PROFESSIONS. THE AGBU GENERATION NEXT PROGRAM PROVIDES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2008**

Open to Public  
Inspection

Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

MENTORING TO YOUTH IN SOUTHERN CALIFORNIA. THERE ARE SUMMER CAMPS IN THE U.S. AND EUROPE, A CHESS PROGRAM IN ARMENIA, SPORTS TEAMS, ATHLETIC COMPETITIONS, AND SCOUTING PROGRAMS AROUND THE WORLD.

OVERSIGHT BY AGBU CENTRAL BOARD:

AGBU ENCOMPASSES A BROAD SCOPE OF OPERATIONS. THE AGBU CENTRAL BOARD REVIEWS AND MONITORS ITS DISTRICTS, CHAPTERS AND SCHOOLS TO INSURE THEIR PROGRAMS AND OPERATIONS REMAIN RELEVANT AND PROPERLY SERVICE THE NEEDS OF THE LOCAL COMMUNITY WHILE ADHERING TO THE WELL-ESTABLISHED IDEALS AND PRINCIPALS OF CONDUCT OF AGBU.

FINANCIAL:

THE BASIC FORM 990 IS NOT REQUIRED TO REPORT REVENUES, EXPENSES AND ASSETS OF THE NON-U.S. AGBU ENTITIES. THEREFORE, ADDITIONAL INFORMATION IS PROVIDED HEREIN TO PRESENT A MORE COMPLETE FINANCIAL OVERVIEW OF THE ENTIRE AGBU (U.S. AND NON-U.S.) OPERATIONS ON A CONSOLIDATED BASIS.

MANY OF THE AGBU DISTRICTS, CHAPTERS AND SCHOOLS OUTSIDE OF THE U.S. GENERATE REVENUE TO SUSTAIN THEIR LOCAL OPERATIONS BY LOCAL FUNDRAISING, DONATIONS, GRANTS, TUITIONS, FEES AND OTHER INCOME.

ON A CONSOLIDATED BASIS, IN 2008 THE AGBU WORLDWIDE TOTAL REVENUES, TOTAL EXPENSES, TOTAL ASSETS AND TOTAL NET ASSETS WOULD BE REPRESENTED AS FOLLOWS:

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization

ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number  
13-5600421

	<u>U. S. FORM 990</u>	<u>NON U.S.</u>	<u>CONSOLIDATED TOTAL</u>
<u>TOTAL REVENUES</u>	<u>\$6,018,454</u>	<u>\$31,947,232</u>	<u>\$37,965,686</u>
<u>TOTAL EXPENSES</u>	<u>\$18,767,225</u>	<u>\$19,635,871</u>	<u>\$38,403,096</u>
<u>TOTAL ASSETS</u>	<u>\$206,936,648</u>	<u>\$95,962,735</u>	<u>\$302,899,383</u>
<u>TOTAL NET ASSETS</u>	<u>\$205,800,652</u>	<u>\$92,071,657</u>	<u>\$297,872,309</u>

PAGE 1 PART B

AMENDED RETURN

THE ORGANIZATION HAS CORRECTED THE FOLLOWING TO BETTER DISCLOSE THE

RESULTS OF ITS ACTIVITES:

PAGE 2 PART III - PROGRAM EXPENSES

PAGE 3 PART IV -

ITEM 10 - YES

ITEM 12 - YES

ITEM 14A - YES

PAGE 6 - PART VI SECTION A

ITEM 2 - YES

ITEM 6 - YES

ITEM 7A - YES

PAGE 9 PART VIII

LINE 1G

LINE 7D

PAGE 10 PART IX

GRANTS (LINES 1, 2, 3)

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832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**ARMENIAN GENERAL BENEVOLENT UNION**

Employer identification number  
**13-5600421**

LINE 7

PAGE 11 PART X

LINE 1

LINE 27

PAGE 11 PART XI

ITEM 2B - YES

ITEM 2C - YES

SCHEDULE A PART II - PUBLIC SUPPORT 2007-2008

SCHEDULE B PART I

SCHEDULE D PAGE 2 - PART V - ENDOWMENT FUNDS

SCHEDULE D PAGE 4

SCHEDULES F AND I

SCHEDULE O

SCHEDULE D PART XI LINE 8 -

ADJUSTMENT TO REMOVE FOREIGN CHAPTERS/DISTRICTS

THE BASIC FORM 990 REPORTS THE GRANTS AND ASSISTANCE WHICH THE AGBU

CENTRAL BOARD PROVIDES FROM THE U.S. TO THE NON-U.S. AGBU ENTITIES

THROUGHOUT THE WORLD. REVENUES, EXPENSES AND ASSETS OF THE NON-U.S.

AGBU ENTITIES HAVE BEEN ELIMINATED FROM REPORTING ON THE BASIC FORM

990. IN 2008 THIS ADJUSTMENT TOTALS \$14,771,143.

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AGBU MANOOGIAN DEMIRDJIAN SCHOOL - 95-3042495, 6844 OAKDALE AVENUE, CANOGA PARK, CA 91306	EDUCATION, HUMANITARIAN, & CULTURAL	CALIFORNIA	501(C)(3)	509(A)(2)	
AGBU - PASADENA HIGH SCHOOL - 2495 E MOUNTAIN ST PASADENA, CA 91104	EDUCATION, HUMANITARIAN, & CULTURAL	CALIFORNIA	501(C)(3)	509(A)(2)	
AGBU - ALEX & MARIE MANOOGIAN SCHOOL - 38-2115361, 22001 NORTHWESTERN HWY, SOUTHFIELD, MI 48075	EDUCATION, HUMANITARIAN, & CULTURAL	MICHIGAN	501(C)(3)	509(A)(2)	
AGBU CORDOBA CHAPTER UGAB - AVENIDA PATRIA 921, 5000 CORDOBA, ARGENTINA	EDUCATION, HUMANITARIAN, & CULTURAL	ARGENTINA			

# ARMENIAN GENERAL BENEVOLENT UNION

## **Part III Identification of Related Organizations Taxable as a Partnership**

#### **Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

## Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A)	(B)	(C)
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) AGBU - SYDNEY	B	5,200.
(2) ALEXANDER PRIMARY SCHOOL	B	126,750.
(3) UNION GENERALE ARMENIENNE DE BIENFAISANCE	B	612,750.
(4) AGBU "PAREKORDZAGAN" PLOVDIV	B	40,900.
(5) AGBU SOFIA CHAPTER	B	41,023.
(6) AGBU NICOSIA CHAPTER	B	5,800.

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
UNION GENERAL ARMENIA DE BENEFICENCIA ARMENIA 1322 (1414)	EDUCATION, HUMANITARIAN, & CULTURAL	ARGENTINA			
BUENOS AIRES, ARGENTINA, ARGENTINA AGBU - SYDNEY 2 YEO ST. NEUTRAL BAY, NSW 2089 GPO BOX 1244	EDUCATION, HUMANITARIAN, & CULTURAL	AUSTRALIA			
SYDNEY 2001, AUSTRALIA ALEXANDER PRIMARY SCHOOL	EDUCATION, HUMANITARIAN, & CULTURAL	AUSTRALIA			
CORNER THUDDUNGRA AND NAMPA ROADS DUPYS FORESET, N.S.W. 2084, AUSTRALIA	EDUCATION, HUMANITARIAN, & CULTURAL	AUSTRALIA			
GLEN WAVERLY 3150 VICTORIA, AUSTRALIA, AUSTRALIA AGBU - VIENNA CHAPTER	EDUCATION, HUMANITARIAN, & CULTURAL	AUSTRALIA			
AGBU KOLONITZGASSE 11/13, A-1030 VIENNA, AUSTRIA	EDUCATION, HUMANITARIAN, & CULTURAL	AUSTRIA			
AGBU "PAREKORDAGAN" PLOVDIV 158, 6TH IX BLVD., 4TH FLR, APT 16	EDUCATION, HUMANITARIAN, & CULTURAL	BULGARIA			
PLOVDIV, BULGARIA AGBU SOFIA CHAPTER	EDUCATION, HUMANITARIAN, & CULTURAL	BULGARIA			
60 YARLOSLAV VECHIN STR., BL 9 APT 3, 1ST FL SOFIA 1407, BULGARIA	EDUCATION, HUMANITARIAN, & CULTURAL	BULGARIA			
AGBU ARMEN ONTARIO/ZAROURIAN SCHOOL 903 PROGRESS AVE SCARBOROUGH, CANADA M1G 1Z5	EDUCATION, HUMANITARIAN, & CULTURAL	CANADA			
TORONTO CHAPTER 903 PROGRESS AVE SCARBOROUGH, CANADA	EDUCATION, HUMANITARIAN, & CULTURAL	CANADA			
AGBU MONTREAL CHAPTER 805 RUE MANOOGIAN VILLE ST LAURENT, CANADA QCH4N1Z5	EDUCATION, HUMANITARIAN, & CULTURAL	CANADA			
ARMEN/QUEBEC SCHOOL - MONTREAL, CANADA 755 RUE MANOOGIAN VILLE ST LAURENT, CANADA QCH4N1Z5	EDUCATION, HUMANITARIAN, & CULTURAL	CANADA			
AGBU NICOSIA CHAPTER LIMASSOL ROAD, PLATI AGIAZIA PO BOX 21807 NICOSIA, CYPRUS 1514	EDUCATION, HUMANITARIAN, & CULTURAL	CYPRUS			

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(A)	Name, address, and EIN of related organization	(B)	Primary activity	(C)	Legal domicile (state or foreign country)	(D)	Exempt Code section	(E)	Public charity status (if section 501(c)(3))	(F)	Direct controlling entity
EGYPT DISTRICT COMMITTEE											
15 EMAD EL DIN STREET	CAIRO, EGYPT										
AGBU IRAQ				AL RIAD AVENUE 910 BLDG #4 ROAD #17	EDUCATION, HUMANITARIAN, & CULTURAL	IRAQ					
BAGHDAD, IRAQ											
AGBU DISTRICT COMMITTEE OF LEBANON											
DEMIIRDJIAN CENTER AUTO TRADE DBAYE											
NACCASH EXIT, ANTELIAS, LEBANON											
AGBU MONTEVIDEO CHAPTER											
2850 AVENDIA AGRACIADA											
MONTEVIDEO, URUGUAY											
COLEGIO Y LICEO NUBARIAN - ALEX MANGOGIAN											
2850 AVENDIA AGRACIADA											
MONTEVIDEO, URUGUAY											
MANOOGIAN & GULBENKIAN SCHOOLS											
9 ALEX MANGOGIAN STREET											
YEREVAN, ARMENIA											
SWISS CORPORATION											
CHEMIN DES CHARMETTES 7											
LAUSANNE, SWITZERLAND	1002										
YR SIDNEY											
97 LADY DAVIDSON ST											
FORESTVILLE, SYDNEY, AUSTRALIA											
SYRIA DISTRICT											
C/O AUTO TRADE DBAYE, NAACASH EXIT											
ANTELIAS, LEBANON											
LEBANON											

## Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) AGBU - VIENNA CHAPTER	B	16,000.
(8) AGBU - DISTRICT COMMITTEE OF LEBANON	B	882,804.
(9) AGBU IRAQ	B	13,000.
(10) AGBU - ARMEN ONTARIO	B	156,378.
(11) ECOLE ARMEN QUEBEC DE L'UGAB	B	693,466.
(12) AGBU - MONTREAL CHAPTER	B	12,652.
(13) AGBU MONTEVIDEO CHAPTER	B	20,000.
(14) UNION GENERAL ARMENIA DE BENEFICENCIA	B	436,600.
(15) AGBU CORDOBA CHAPTER	B	24,700.
(16) AGBU MANOOGIAN-DEMIRDJIAN SCHOOL	B	417,153.
(17) AGBU PASADENA HIGH SCHOOL	B	750,000.
(18) NUBAR MANOOGIAN SCHOOL, URUGUAY	B	569,158.
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b> File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>ARMENIAN GENERAL BENEVOLENT UNION</b>	Employer identification number <b>13-5600421</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 EAST 59TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10022</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BEDROS PIANDARIAN - 55 EAST 59TH STREET, NEW YORK, NY -**

- The books are in the care of ► **NEW YORK, NY 10022-1112**

Telephone No. ► **212-319-6383** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.

5 For calendar year **2008**, or other tax year beginning       , and ending       .

6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **ASSISTANT TREASURER**

Date ►

Form 8868 (Rev. 4-2009)