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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 05-01-2008 , and ending 04-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ARMENIAN STUDENTS ASSOCIATION OF AMERIC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
333 ATLANTIC AVENUE

City or town, state or country, and ZIP + 4
WARWICK, RI 02888

D Employer identification number
22-6054952

E Telephone number
(401) 461-6114

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ www asainc org

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 171,099

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	96,890
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	53,118
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 5,030 of contributions reported on line 1)	6a	17,820	
	b	Less direct expenses other than fundraising expenses	6b	12,476	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,344
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	3,271
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	158,623
Expenses	10	Grants and similar amounts paid (attach schedule)		10	50,200
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	12,179
	13	Professional fees and other payments to independent contractors		13	20,276
	14	Occupancy, rent, utilities, and maintenance		14	7,796
	15	Printing, publications, postage, and shipping		15	697
	16	Other expenses (describe ▶)		16	17,294
	17	**Total expenses** (add lines 10 through 16) ▶		17	108,442
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	50,181
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,291,304
	20	Other changes in net assets or fund balances (attach explanation)		20	-294,500
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	1,046,985

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,287,973	22	1,048,856
23	Land and buildings		23	
24	Other assets (describe ▶)	6,264	24	1,965
25	**Total assets**	1,294,237	25	1,050,821
26	**Total liabilities** (describe ▶)	2,933	26	3,836
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1,291,304	27	1,046,985

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO PROVIDE EDUCATIONAL SCHOLARSHIPS/GRANTS TO ELIGIBLE STUDENTS MEETING THE CRITERIA OF THE ASSOCIATION'S BY-LAWS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 PROVIDED EDUCATIONAL SCHOLARSHIPS/GRANTS TO ELIGIBLE STUDENTS MEETING THE CRITERIA OF THE ASSOCIATION'S BY-LAWS (Grants $ 11,269) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	50,200
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	11,269

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ GREGORY ARZOOMANIAN Telephone no ▶ (401) 454-8736

Located at ▶ 197 WATERMAN STREET 2 PROVIDENCE, RI ZIP + 4 ▶ 02906

			Yes	No
b	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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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

****** — Signature of officer — 2009-03-13 — Date

GREGORY ARZOOMANIAN Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
STEVEN J ZAROOGIAN			

Firm's name (or yours if self-employed), address, and ZIP + 4: Markarian & Meehan Ltd CPAs, 336 Main Street, Wakefield, RI 02879

EIN ▶

Phone no ▶ (401) 789-1037

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ARMENIAN STUDENTS ASSOCIATION OF AMERIC

Employer identification number
22-6054952

Part I Reason for Public Charity Status (to be completed by all organizations) (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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 ")	24,563	49,882	41,120	70,179	96,890	282,634
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add line 1-3	24,563	49,882	41,120	70,179	96,890	282,634
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						0
6 **Public Support** subtract line 5 from line 4						282,634

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	24,563	46,316	41,120	70,179	96,890	282,634
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,451	46,316	49,223	53,330	53,118	231,438
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,456	3,041	5,271	2,204	3,271	17,243
11 **Total Support** (Add lines 7 through 10)						531,315

12 Gross receipts from related activities, etc (See instructions)	12	

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**53.200 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**47.510 %**

16a **33 1/3% 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 ☑

b **33 1/3% Test - 2007.** If the organization did not check the 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 ☐

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 ☐

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 ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 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						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
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)						
13 **Total Support** (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 501(c)(3) organization, check this box and **stop here** ☐

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ARMENIAN STUDENTS ASSOCIATION OF AMERIC

Employer identification number
22-6054952

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 VARIOUS ACTIVITIES (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	22,850			22,850
	2 Less Charitable contributions	5,030			5,030
	3 Gross revenue (line 1 minus line 2)	17,820			17,820
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	12,476			12,476
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				12,476
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				5,344

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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TY 2008 General Explanation Attachment

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE A, PAGE 3, PART IV, LINE 11(a), REASON FOR NON-PRIVATE FOUNDATION STATU S BASED UPON THE FACTS AND CIRCUMSTANCES OF THIS ASSOCIATION, IT RECEIVES GREATER THAN 10 PERCENT OF ITS SUPPORT FROM THE GENERAL PUBLIC IN THE FORM OF CONTRIBUTIONS AND BEQUESTS I N ADDITION, THIS ASSOCIATION CONTINUES TO PROVIDE EDUCATIONAL SCHOLARSHIPS/GRANTS TO ELIGI BLE STUDENTS MEETING THE CRITERIA OF THE ASSOCIATION'S BY-LAWS FOR MORE DETAILS, PLEASE S EE STATEMENT 11, SCHEDULE A, PART III, LINE 3a, QUALIFICATIONS OF RECIPIENTS RECEIVING GRA NTS OR LOANS LASTLY, THIS ASSOCIATION HAS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITIN G FUNDS FROM THE GENERAL PUBLIC AND IT ENJOYS BROAD PUBLIC SUPPORT AS SUCH, THIS ASSOCIAT ION MEETS THE PUBLIC SUPPORT TEST BASED ON THE FACTS AND CIRCUMSTANCES OUTLINED ABOVE

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	MARK HANOIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	SELIN KALOSTYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIP
Donee's Name	YERVAND SIMONYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SCHOLARSHIP
Donee's Name	GREGORY BERBERIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	6,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	SCHOLARSHIP
Donee's Name	TALAR AYDIN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	SCHOLARSHIP
Donee's Name	TALAR TATARIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	6,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	SCHOLARSHIP
Donee's Name	LILIT MINASYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	6,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	SCHOLARSHIP
Donee's Name	NARA MARTIROSYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	SCHOLARSHIP
Donee's Name	SIMON SARKISIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Additional Data

Software ID:
Software Version:
EIN: 22-6054952
Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALICE MOVSESIAN 765 ANDERSON AVENUE APT 5-4 CLIFFSIDE PARK,NJ 07010	Secretary 0	0		
ARMEN JESRALYAN 326 PROSPECT AVENUE APT 6K HACKENSACK,NJ 07601	BOARD OF TRUSTE 0	0		
FOTINI DIONISOPOULOS 5 BAYBERRY COURT LINCOLN,RI 02865	BOARD OF TRUSTE 0	0		
ADRIANNE AMIRIAN 181 WAVERLEY AVENUE WATERTOWN,MA 02472	BOARD OF TRUSTE 0	0		
HAIG RAFI HOVSEPIAN 64-26 WETHEROLE STREET REGO PARK,NY 11374	Board of Truste 0	0		
GREGORY ARZOOMANIAN 197 WATERMAN AVENUE 2 PROVIDENCE,RI 02906	Treasurer 0	0		
BRIAN ASSADOURIAN 913 WILLOW AVE APT 3B HOBOKEN,NJ 07030	Chairman 0	0		
ARTHUR HALVAJIAN PO BOX 1333 PARAMUS,NJ 07653	VICE CHAIRMAN 0	0		

Item No.	10
Class of Activity	SCHOLARSHIP
Donee's Name	NATALIE MANACHIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	SCHOLARSHIP
Donee's Name	SARIG ARMENIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	SCHOLARSHIP
Donee's Name	DEANNA CACHOIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	SCHOLARSHIP
Donee's Name	ALEX DISTASI
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,700
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	SCHOLARSHIP
Donee's Name	MIGANOUSH GHOOKASIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	SCHOLARSHIP
Donee's Name	MICHAEL KULHANDJIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	SCHOLARSHIP
Donee's Name	TATEVIK KHOJA EYNATYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	SCHOLARSHIP
Donee's Name	SHERYL DANIELIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	SCHOLARSHIP
Donee's Name	JOCELYN BISSONNETTE
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	SCHOLARSHIP
Donee's Name	GAREN CHILOYAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	SCHOLARSHIP
Donee's Name	JACQUELYN DISTASI
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	SCHOLARSHIP
Donee's Name	MEGHEDI EISAEIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	SCHOLARSHIP
Donee's Name	JEFFREY ARIS
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	SCHOLARSHIP
Donee's Name	SARAH VARADIAN
Donee's Address	C/O 333 ATLANTIC AVENUE WARWICK, RI 02888
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Assets Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	3,139	1,598
Machinery and Equipment	449	367
Accounts Receivable	2,676	

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TY 2008 Other Changes in Net Assets Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Description	Amount
UNREALIZED DEPRECIATION IN INVESTMENTS	-294,902
PRIOR YEAR PREPAID EXPENSE ADJUSTMENT	402

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TY 2008 Other Expenses Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Description	Amount
WEB HOSTING FEES	31
TELEPHONE	1,203
SECRETARY OF THE STATE FILING	30
OTHER	113
Office Expenses	3,367
MEMBERSHIP DUES	25
MEETING EXPENSE	521
LIABILITY INSURANCE	1,899
Depreciation	82
CHARITABLE CONTRIBUTIONS	7,735
BANK FEES	3
Advertising and Promotion	2,285

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TY 2008 Other Liabilities Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,933	3,836

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TY 2008 Other Revenues Schedule

Name: ARMENIAN STUDENTS ASSOCIATION OF AMERIC
EIN: 22-6054952
Software ID: 08000091
Software Version: 2008v2.7

Description	Amount
SCHOLARSHIP APPL. FEES	1,485
MISCELLANEOUS INCOME	1,786